Lectures on DISEASES OF THE NERVOUS SYSTEM.

Delivered at the Westminster Hospital,

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LECTURE VIII.

GENTLEMEN,—We have now to discuss a group of morbid phenomena which present many resemblances and points of relationship with those of hysteria, but which it seems best to separate from the latter. I refer to the disorders included under the name of Spinal Irritation. The general type of them all is, that, along with more or less languor and failure of general nervous power, there is found a special tenderness over particular points of the spine—a tenderness which is quite distinct from the generally diffused and very superficial soreness of which nearly all hysterical patients complain. The distinction is not merely in the clear localisation of the phenomenon; in addition to this there are always one or several symptoms connected with the visceral, sensory, or muscular nerves, and which are shown to have a definite connexion with the tender spinal point or points by the fact that pressure on the latter will aggravate them when they exist, and reproduce them when they are temporarily absent. The following are the groups of symptoms, linked with tenderness of the different portions of the spinal column, which were established by the important researches of the brothers Griffin. These observers noted 148 cases, with the following results:—(*a*) In 28 the tenderness was *cervical*; the other symptoms were headache, nausea or vomiting, faceache, fits of insensibility, cough, affections of the upper extremities. In 2 cases only, pain of the stomach; in 5 cases, nausea or vomiting. (*b*) In 46 cases the tenderness was *cervical and dorsal*; the other symptoms were those already mentioned, and, besides these, pains of the stomach and side, pyrosis, palpitation, oppression. In 34 cases, pain of the stomach; in 10, nausea or vomiting. (*c*) In 23 cases the tenderness was *dorsal only*; the other symptoms were pain in the stomach and side, cough, oppression, fits of syncope, hiccough, eructations. In 1 case only, nausea or vomiting. (*d*) In 15 cases, tenderness was *dorsal and lumbar*; the other symptoms were pains in the abdomen, loins, hips, and lower extremities, dysuria, ischuria, in addition to those mentioned under the last head. In 1 case only, nausea. (*e*) In 13 cases the tenderness was *lumbar*; the other symptoms were pains in the lower part of the abdomen, dysuria, ischuria, pain in the testes or lower extremities, or disposition to paralysis. In 1 case only, spasms of the stomach and retching. (*f*) In 23 cases there was tenderness in each of the principal regions of the spine; the symptoms here were an agglomeration of all those above mentioned. Besides these noted, 5 cases in which, though there was a resemblance in the general symptoms, the special spots of spinal tenderness were not to be found.

Now, in looking down this long list of highly characteristic phenomena, you will at once perceive that there is here an individuality of morbid affection quite distinct from the individuality of hysteria as I have described it in former lectures. The symptoms of spinal irritation, however, are far from *excluding* the phenomena of hysteria, some of which are traceable in the above list, and almost all of which may occur in an individual who is suffering from spinal irritation of characteristic type. Thus, a large number of patients with tender spinal spots are liable to attacks of globus, headache, and partial convulsion, winding up with a gush of limpid urine. But there are sundry noteworthy phenomena of true hysteria which are rarely, if at all, to be found in conjunction with the localised spinal tenderness. The cutaneous anæsthesia so very frequent in hysteria is scarcely ever seen in spinal irritation. The remarkable insensibility of the soles of the feet to tickling, which is observed in a large number of hysteric patients, is not merely absent in spinal irritation, but is not unfrequently contrasted by a much heightened reflex irritability. Then, again, though the spinal irritation cases are often marked by an abnormal state of volition, there is by no means always the same marked depression of this power which is so constant a feature in ordinary hysteria. The depression and feebleness of the patient seems far more due to severe visceral disturbance than to positive enfeeblement of the centres of volition. Moreover, from my own observation, I should say that there is a far closer connexion between spinal irritation and abnormal conditions of the sexual apparatus than between hysteria and the latter; indeed, I should say that peripheral irritations generally, whether proceeding from the organs of special sense, or the sexual organs, or from any of the great viscera, have more power to excite spinal irritation than to set up ordinary hysteria, the causes of which (so far as they are extrinsic) are far more frequently *mental*. On the other hand, it is certain that peripheral irritations, at least in a large proportion of instances, are insufficient in themselves to produce spinal irritation, but effect this by acting upon a nervous system which is from birth highly disposed to neurotic disease. The fact of neurotic inheritance can be made out with the greatest clearness in a large majority of cases; indeed, there are families in which spinal irritation has been transmitted, in an almost unaltered form, through two or three generations. With all this, however, we must not ignore the fact, pointed out by Dr. Radcliffe in his very able article on this disease,* that there is often an important exciting cause of the disease which gets overlooked; the dormant tendency is probably exceedingly often evoked by some blow or concussion to the spine which is passed over and forgotten.

The commencement of the overt symptoms of spinal irritation is often misleading enough. Frequently there is nothing to attract our attention but a somewhat troublesome tendency to headache, with nausea or vomiting, which goes on increasing steadily. The headache, which is rather frequently of the type of clavus—i. e., limited to some single point (temporal or parietal, on one side),—often disappears after a short time, to be replaced by neuralgia-like pain in the brow or the cheek, or in the course of some of the nerves from the brachial plexus. In many cases, however, the headache persists, and is accompanied either by complete insomnia or by bad dreams or nightmare; the feet and hands are cold, and the patient complains of alternate chills and flushes. It usually happens that such symptoms as these go on for a considerable time before they are referred to their true cause; but the moment the spine is carefully examined, a tenderness, quite distinct from ordinary diffuse hysterical hyperæsthesia, is found in the cervical region; pressure on this point will at once aggravate the headache, faceache, or armache, and in many cases produce severe nausea or even vomiting. If we add to the above particulars the facts, that there is no febrile heat (though there may be rapid pulse), and that all the symptoms are markedly increased by any exertion either of body or mind, and relieved by complete rest in the recumbent posture, we have drawn a clinical picture which warrants an almost confident diagnosis of spinal irritation, belonging mainly to the cervical region of the cord.

There is no need for me to go over in detail all the local varieties of spinal irritation, especially as I have given you the summary of their distinctive features which was drawn up by the brothers Griffin. But there are some additional remarks to be made on special symptoms; also upon the predominance of certain phenomena which belong equally to ordinary hysteria, and the partial or total absence of others.

There is one special symptom, in spinal irritation, which is dwelt upon particularly by Dr. Radcliffe; it occurs only in a minority of cases, but may be very obstinate, and very serious in its consequences. I refer to prolonged and persistent spastic contraction of the voluntary muscles of the limbs; and (more rarely) of the neck or face. The ultimate consequences of this affection, when neglected or misunderstood, are seen in the so-called "hysterical" joints which

* Reynolds's System of Medicine, vol. ii.

are so troublesome, and were formerly so disastrously misleading to surgeons. The beginning of such an affection is well exemplified in a case which Dr. Radcliffe relates as a typical instance of spinal irritation. A lady aged twenty-three, unmarried, came twice under his care during the same twelvemonth, with cervical and dorsal tenderness, and with the symptoms which have been enumerated as accompanying irritation of those parts of the cord. They had come on immediately after a severe mental shock from the death of her brother in an epileptic fit. A year after the cure of the second attack she married, and became pregnant; and the pregnancy passed off well, and she was safely confined. Nothing untoward occurred until the sudden death of the baby at the age of two months; but her fretting for the child brought back headaches, sleeplessness, irritability of the stomach, and "then came on a state of uncontrollable fidgettiness, which kept her constantly moving about until her leg (one leg especially) failed altogether, and obliged her to take to bed." The very next morning her legs became contracted, and when Dr. Radcliffe saw her, three weeks later, the thighs were drawn up tightly against the abdomen and the heels buried in the nates. The contraction was unremitting during the waking state and only very partially relaxed during sleep; it occasioned no pain, and the limbs could even be gradually extended, by steady and continuous force, without hurting her much. There was no anæsthesia nor hyperæsthesia of the surface; and there was greatly increased reflex irritability. In this case the contractions were relieved in about three weeks, and the general health re-established in about two months and a half; but this must certainly be considered a very fortunate and a rather rare degree of success.

This case of Dr. Radcliffe's is also interesting in other ways. As to immediate causes, we see plainly the influence of grief in exciting, and in bringing back, the symptoms of cervical and dorsal cord-irritation from which the patient had previously suffered. It must now be added that the patient herself firmly believed that the contraction of the limbs had been brought about by the pain and loss of blood caused by introducing a large speculum, and applying leeches to the os uteri on the day before the symptom appeared. As regards the original constitution of the nervous system, this patient was an illustration of the almost invariable rule of descent from a bad nervous stock; for besides the brother who died of epilepsy, it seems that her father died of phthisis and her mother was insane.

By these, and a number of similar facts which could be related if there were time, we can establish with much certainty some very important points in regard to the causation of the disease. It is plain that the victims of spinal irritation, in far the most cases, bring into the world with them a strong predisposition to this form of nervous disorder; and we have seen that grief or severe emotion of any kind is at any rate one very potent exciting cause. Again, we mentioned that the immediate outbreak of mischief is probably often caused by a blow or concussion to the spine; and we may here mention that a very large number of the slighter (but still genuine) cases of nervous damage from railway accidents present the phenomena of spinal irritation.

The next set of exciting causes to which I would direct your attention are connected with the sexual organs and the sexual feelings. It is not possible for me to say how frequently the ordinary forms of uterine and ovarian disorder—amenorrhœa, menorrhagia, dysmenorrhœa, leucorrhœa—take any important part in the production of spinal irritation: but I am convinced that the sexual instinct is often largely concerned in arousing latent tendencies to this disease. I use the word "sexual *instinct*" because I am anxious to draw your attention to the fact that the irritant effects of repressed sexual function may go on entirely without the conscious participation of the mind in sexual desires. I believe most firmly that while a small class of unhappy patients provoke their own maladies by conscious and fruitless sexual irritation, a far larger number suffer only from an influence which, powerful as it is, they do not themselves in the least understand. I believe it is impossible for any physician who has had considerable experience of nervous diseases to deny that a very large number of cases of spinal irritation occur in persons in whom the sexual function has remained unused to a period beyond the normal age; and that a considerable proportion of such people will promptly recover if they are happily married. I am bound to say that the probability of this kind of cure is much diminished where the sexual irritation has been conscious, and especially where it has led to unnatural habits.

The chances of recovery from spinal irritation vary indefinitely, according to the constitution and the circumstances of individual patients; of two persons who present almost exactly the same form and degree of recognisable functional disturbance, the one will speedily recover under certain measures of treatment, the other will be a sufferer for life. After all that I have said upon the subject, you will well understand that the more distinct and pronounced is the taint of neurotic inheritance, the more gloomy our prognosis must be. But supposing the family history to be only moderately bad, then the chances of recovery are chiefly influenced by the following circumstances:—(1) If the disease have been excited by mental shock, however severe the symptoms may be, we may hope that they will subside after a time, if the patient possesses a tolerably sound original nervous constitution. (2) If they are due to a blow or concussion, everything will depend upon the extent of the lesion, and on its involving or leaving untouched the more important structures of the cord. An early prognosis is quite useless; it is absolutely necessary to see how matters pass during at least six months before venturing to pronounce an opinion as to the ultimate result. But it is certainly the fact, so far as my own observation and inquiry go, that these patients usually recover in the end, *if it is their interest to do so*. (3) If sexual irritation be the main exciting cause of the disease, the chances of recovery are mainly affected by the degree in which the mind has preserved its purity on the one hand, and the chances of legitimate gratification of the maternal sexual instincts on the other.

The treatment of spinal irritation is undoubtedly, in many instances, one of the most tedious, risky, and disappointing affairs which could be undertaken. On the other hand, there are many cases, very threatening in their first aspect, which yield to treatment in a prompt and gratifying manner. Such happy results are mainly found when it is possible at once to remedy some very faulty circumstance in the patient's way of life. To take Dr. Radcliffe's patient as an example, he tells us that previous to her first attack she had been a teetotaler and a poor eater, and he considers that the prescription of a more liberal diet greatly aided the effect of medicines. Then, again, she was able to get happily married, and all went well again till the death of her child. Perhaps this serious shock—one of the heaviest that women can have to sustain—might have made her case chronic and incurable, but the effects of remedies were probably aided by the hope that she might yet have one or more children who would live and grow up. So that we see two powerful emotional influences at work in this patient's favour: the legitimate gratification of healthy affection and the elevated (and elevating) hope of possessing children — by far the most precious possession a woman can have.

It is a very sad consideration that for a large number of the sufferers from spinal irritation hope, as a curative element, is practically non-existent. Every year the number of women whose *necessary* destiny is to remain unmarried increases; and there are hundreds of women whose natural affections tend strongly towards the offices of maternity, but who yet are well aware that their chances of marriage are *nil*. And among the multitudes of married women who have been disappointed in their hopes of a family there are unhappily not a few to whom this disappointment has been rendered tenfold more bitter by some of the many causes of domestic disagreement and misery. When women who stand in either of the two categories just named possess any original tendencies towards spinal irritation, they are likely to suffer from the disease in its most obstinate and intractable form: and it is well for the medical attendant to understand this clearly from the first; for if he cannot expect that his patient has any chance of the beneficial change which married life might produce, he ought very seriously to consider how it may be possible to induce her to embrace some definite career of active work which may replace to some extent the interests of motherhood and family life.

Of course, in the earlier stages of so severe an affection as I have already described spinal irritation (in bad cases)

to be, it will be necessary to prescribe entire repose; and this period of repose may be utilised by the employment of several valuable measures. Every means must be taken to improve the patient's diet, which will generally be found to have been exceedingly scanty; and by some of those artifices which I have alluded to in former lectures we must endeavour to make the food as copious, and also as varied, as can be managed. We may have trouble with the digestion at first; but skilful insistance on this plan will very commonly be rewarded with a considerable increase in digestive power; and when once the patient has learned to assimilate a decidedly larger allowance of food, we often find that her troubles are marvellously diminished. I do not personally believe that much alcohol is needed; beyond one or two glasses of wine or of beer daily, given *with the meals*, I do not think that stimulants are useful; and, on the other hand, their excessive administration may produce much the same kind of mischiefs as I warned you against when speaking of the treatment of hysteria proper.

There are also certain local measures which may occasionally be employed with considerable benefit. The brothers Griffin speak very strongly of the value of blistering and of leeching applied to the tender spot or spots in the spine; and as regards the first of these remedies I can speak with much, though not with such general, approval. I have had several cases in which it has achieved a decided success, and others in which it has altogether failed to do good. As an example of the former kind I may mention a lady patient who suffered from intense tenderness of the gastric mucous membrane so that food of any kind gave her exquisite pain; there was no spontaneous vomiting, as in gastric ulcer, but pressure on a painful dorsal spot (which was discovered after a careful search) immediately made her vomit. Flying blisters to the neighbourhood of the painful spinal point quickly relieved the whole of the symptoms.

I cannot speak with any favour of the practice of local leeching in spinal irritation. I have seen it do much, very much, harm; I never saw it do the least good.

While the treatment by repose in the horizontal position, by improved diet, and perhaps by blisters, is being carried out, we may also usefully employ tonic medicines. If there be decided anæmia, iron, especially combined with strychnia (ten minims of the tincture of muriate of iron and three minims of the solution of strychnia thrice daily), will act best. An instance under my own notice was that of a young woman who (with a tender cervical spot) had the most intense pharyngeal tenderness (really quite suggesting suppuration), and much difficulty in swallowing. The iron and strychnia alone sufficed to produce a rapid cure. But, on the other hand, there are many cases, and some even where anæmia is present, in which the milder bitter tonics, such as calumba and gentian, which Dr. Radcliffe recommends, together with carbonate of ammonia, will often do far more good than iron.

In cases where there are decided local patches of tenderness of skin or mucous membrane, resembling those often found in ordinary hysteria, the treatment by local faradisation already described is equally applicable as in the latter malady.

But we have, after all, to realise that, do what we will, in a great many cases of spinal irritation, the whole list of medicinal, dietetic, and local remedies will prove but little or not at all effective. The prospect then before us is gloomy indeed; it appears as if we were to see our patient sink into a perfectly crippled and helpless invalid for life. It was well pointed out by the Griffins that anything is better than an apathetic acquiescence of the medical man in such a state of things. Scarcely any degree of apparent languor and feebleness should prevent our getting the patient off her bed or sofa, and insisting in the first place on a change of scene, and afterwards, if possible, on the choice of some definite occupation, undertaken in a business-like way as a regular duty of life.

I know you will say that this is easy in theory, but that in practice a hundred difficulties must present themselves. Doubtless this is so; but we may hope that the progress of a few years will render a number of respectable avocations, at present closed to women, attainable by them. And the mere existence of hysteria and spinal irritation as widespread diseases ought to plead powerfully against those selfish measures of trades'-unionism, by which the male sex seek to exclude women from careers which they have every natural right to attempt if they please. For there is far more good in prophylaxis than in direct curative treatment for these disorders; and half the sufferings which they produce would absolutely never arise if at the critical period of bodily development the nervous system were steadied and strengthened by the influence, at once sobering and inspiring, of an education directed towards the acquirement of an honourable professional or commercial career which might give women the inexpressible comfort of feeling that they are independent of such accidents of life as marriage or not getting married. I hope, gentlemen, that you at least will never be found supporters of the somewhat contemptible policy of restraining women from careers which, however much it may jar upon our tastes and prejudices to see them attempt, we men have not the smallest right in the world to exclude them from.

A NEW THEORY OF FEVER.

BY T. J. MACLAGAN, M.D.

FEVER is symptomatic or idiopathic; dependent on some local lesion, or unaccompanied by any local change capable of giving rise to it. In the many attempts which have been made to account for the phenomena of the febrile state the above distinction has not been sufficiently insisted on; and to this cause I believe to be due much of the present unsatisfactory state of our knowledge of the causation of fever. Such a possible source of fallacy I shall avoid by confining myself entirely to the consideration of idiopathic fever.

Preternatural heat, calor preter naturam, has ever been regarded as the essence of the febrile state. Various theories and hypotheses have at different times been advanced in explanation of this rise of temperature; but all have given place to that of Virchow, which ascribes it to increased tissue-change, to an exaggeration of the same process which keeps up the normal temperature. "Fever," he says, "consists essentially in elevation of temperature, which must arise from an increased consumption of tissue, and appears to have its immediate cause in alterations of the nervous system."*

It seems to me, however, that this theory is far from satisfactory, and that it serves to indicate rather than to explain the phenomena of fever. So far as it goes it may be correct enough; but it goes a very short way, and leaves untouched the questions which itself suggests, and whose solution must form the foundation for a satisfactory theory of fever: Why is there increased tissue-change? and why should the nervous system exercise other than its usual and normal action?

If the first step in the production of fever is increased tissue-change, the first requisite to a satisfactory theory of fever is that it should account for this change. This the theory of Virchow fails to do.

It is a characteristic of nearly all the maladies in which idiopathic fever occurs that they are communicable from the sick to the healthy. In such diseases the existence of a specific *materies morbi* introduced from without is an assumption necessary to the phenomena which they present, and especially to the phenomena of infection. This foreign body introduced from without (conveniently called the contagium) must be the cause of the fever; without it there is no fever; its reception into a susceptible system is followed by the phenomena of that condition. But fever is not a distinct entity; it is a collection of different phenomena, all of which are abnormal, and all of which are developed subsequently to the reception of the contagium. That which gives rise to the fever must also of necessity be, either directly or indirectly, the cause of all the phenomena which go to constitute that condition. The contagium is the cause of the fever: the contagium must therefore be the cause of the individual phenomena which go to form the febrile state. How so? How can the contagium be the exciting cause of these phenomena? An answer to this

* For an excellent *résumé* of the views of Virchow and Parkes see a paper by Sir Wm. Jenner in the "Brit. and For. Med. Chir. Review" for April 1868.

question presupposes a knowledge of the nature of the contagium.

The observations of M. Chauveau and Dr. Sanderson have proved that contagium is particulate.

The phenomena of infection and the fact that the contagium is reproduced to an enormous extent within the system, prove that it is an organised substance.

The investigations of Dr. Sanderson (Twelfth and Thirteenth Reports of Medical Officer of the Privy Council) render it probable that the contagium is a minute animal organism of the nature of a microzyme. The chief characteristics of such organisms are:—

1. That they are mainly composed of albumen.
2. That they largely consume nitrogen.
3. That they largely consume water.
4. That they take up oxygen and give off carbonic acid.
5. That they multiply by division.

The object of this paper is to show that the propagation of such organisms in the body is competent to the production of all the phenomena of idiopathic fever.

The essential phenomena of idiopathic fever are:—

1. Increased waste of the tissues, especially the nitrogenous.
2. Increased consumption of water.
3. Preternatural heat.

No theory of fever can be regarded as satisfactory which does not afford a reasonable explanation of each of these phenomena. No such theory has hitherto been advanced. My theory briefly is that all the essential phenomena of idiopathic fever are due to the propagation in the system of minute animal organisms, which, for convenience sake, I shall continue to refer to as microzymes or contagium particles.

We shall proceed to consider in this light the essential phenomena of idiopathic fever.

1. *Increased waste of the tissues, especially the nitrogenous.*—Waste of the tissues may be produced in two ways: it may be due to diminished nutrition, or to increased consumption. In fever it is believed to be due to the latter cause, and on this belief is founded the generally accepted theory of Virchow. Increased tissue-metamorphosis is the foundation on which rests the whole superstructure of the modern views of the causation of fever. But on what is this hypothesis based? It rests on the difficulty which is experienced in otherwise explaining the wasting of the tissues, the rise of temperature, and other phenomena of fever. But increased tissue-consumption must itself be due to some cause. It is due, says Virchow, to alterations in the nervous system. But that is merely removing the difficulty one step back. Whence these alterations?

The existence and influence of increased tissue-consumption have, indeed, been theoretically admitted without a proper examination of the facts: there is no reliable proof of its existence; and I shall presently show that all the phenomena attributed to it are more satisfactorily explained in a totally different manner.

Increased consumption of tissue being rejected as a cause of the waste which occurs in fever, it remains for us only to fall back on diminished nutrition for an explanation of this phenomenon. How is this produced? The one cause to which, directly or indirectly, are to be ascribed all the phenomena of idiopathic fever is the contagium. To this, therefore, we turn for an answer. The contagium is a microzyme, and as such largely consumes nitrogen. Whence does it get this? There are three possible sources: (1) the fixed or organ albumen, (2) the store or circulating albumen, and (3) the urea. It is most likely to be taken from that which most readily parts with its nitrogen: this is the store albumen. But the store albumen consists of two parts, a *constructive* and a *retrogressive*: the former derived from the assimilated ingesta, and destined for the nutrition of the tissues; the latter derived from the disintegrating albuminous tissues, and destined for excretion. From which does the microzyme take its nitrogen? They probably both part with it with equal readiness, and on that score little can be said in favour of either.

There is another agency, however, which probably exercises a powerful influence in determining the choice of the microzymes in favour of one or the other. Microzymes being mainly composed of albumen, it is evident that the process by which their protoplasm is formed bears a much closer analogy to that by which the albuminous tissues are built up than it does to that which results in the formation of urea. The formation of urea is a retrogressive step; the formation of the albuminous tissues and of the protoplasm of the contagium particles are constructive steps: each results from the appropriation by a living albuminous tissue of the elements requisite for its growth. The material from which each is built up is derived from the blood, and it is but reasonable to suppose that, with such analogies, the particular ingredient of that fluid from which the nitrogen is derived should be the same in both. These considerations render it probable that the contagium particles derive their nitrogen from the *constructive* store albumen.

This view is supported by other arguments founded on a consideration of the phenomena to which the propagation of the contagium in the system gives rise. Prominent among these is wasting of the nitrogenous tissues. Given such an organism as I have described, growing and propagating itself to an enormous extent in the system, pervading every part of the body, and everywhere and constantly consuming oxygen, nitrogen, and water (and taking this nitrogen from the *constructive* store albumen) it necessarily follows that there must be a serious deterioration of the nourishing fluid, a great diminution in the nutrient ingredients conveyed to the various organs of the body, and consequent impairment of the function of each. In the nitrogenous tissues, requiring as they do a large supply of nitrogen, the deprivation is specially felt, and manifests itself by a great and rapid diminution in bulk. They waste, not because of increased tissue-metamorphosis, but because the normal waste is not compensated for by a due supply of fresh constructive material. Blood continues to be supplied to, and to circulate through them, but it is blood charged with a devouring parasite which utilises for its own ends the materials which ought to nourish and build up the frame.

Such being the case, it is evident that the propagation of the contagium in the system *must* be accompanied by emaciation and loss of weight, unless the nutrient ingredients of the blood are supplied in greatly increased quantity, so as to compensate in some degree for the increased demand. Are they so supplied? It is impossible that they can be, for the same agency which deprives the nitrogenous tissues of their nutrient material causes also a like deterioration of the blood which passes to all the organs of the body. Such deterioration of the blood supplied to the brain leads to defective nutrition of that organ, and consequent impairment of that nervous influence which is requisite to the due performance of their functions by all the tissues and organs of the body. A similar deterioration of that which passes to the digestive organs leads to the imperfect performance by them of their peculiar functions; while the great consumption of water which accompanies the development of the contagium particles leads (as will presently be shown) to a marked diminution of the quantity of the secretions necessary for the digestion of the food. There are thus produced diminished appetite, impaired digestion, and defective assimilation; and all this while the blood which exists in the body is being deprived of its most essential constituents in the manner which I have indicated.

The wasting which occurs in idiopathic fever is thus due to a process of acute starvation resulting from the consumption by the contagium particles of the nutritive ingredients of the blood.

2. *Increased consumption of water.*—In fever water is taken into the system in greatly increased quantity; it is not retained as such, and it is not eliminated; it must therefore be used up, and in some way utilised. The normal ingredients and tissues of the body require no such large supply, and are incapable of utilising it: the only abnormal agent of whose presence we are aware is the contagium. We have, therefore, to inquire whether the propagation of the contagium in the system calls for an increase of the water-supply. We shall find that it does. In virtue of the properties common to them and all microzymes, contagium particles require water for their growth and propagation; this they find in the system in sufficient quantity so long as their rate of reproduction is slight. But when this comes to be excessive the system cannot with impunity supply the requisite quantity. The demands of the contagium particles lead to the consumption of much of the fluid which the

system requires for the supply of its own wants; the consequent deprivation of the system results in unusual thirst, the degree of thirst bearing a direct relation to the extent to which the contagium is produced. The large quantity of water taken to quench this is consumed by the contagium particles almost as soon as it is received into the system, and so long as they continue to grow and propagate does the demand for water last.

In this excessive consumption of water by the contagium particles we have a ready explanation of some of the usual symptoms of fever. The thirst, the loss of appetite, the dry skin, the parched tongue, the constipated bowels, and the scanty urine are all due to one cause—the consumption by the contagium particles of the water which is requisite to enable the stomach, the skin, the tongue, the bowels, the kidneys, and all the other organs of the body to perform their due and proper functions. Notwithstanding the enormous quantity of water consumed, all the tissues and organs are deprived of that fluid by the still more enormous quantity of contagium particles which are formed, which pervade all parts of the body, and which everywhere consume the water of their environment.

3. *Preternatural heat.*—This, the most striking feature of fever, is usually attributed to increased metamorphosis of the tissues, to an exaggeration of the same process which keeps up the normal temperature. But we have just seen that there is no increased tissue consumption, and that the wasting supposed to be due to that is attributable to a totally different cause. Such being the case we must look elsewhere for an explanation of the preternatural heat. Naturally we turn to that which took the place of increased tissue-metamorphosis as the cause of the wasting of fever to see whether it can also explain the phenomenon now under consideration. This we find that it very readily does.

We have seen that the contagium particles are minute animal organisms which grow and propagate themselves with enormous rapidity in the system; in so doing they consume oxygen, nitrogen, and water, and give off carbonic acid in the same way as animals generally. Now there is no reason why the changes which such consumption and elimination imply should not in their case be accompanied by the same evolution of heat which we know attends like processes in the higher animals. Admitting this (and I see no ground on which we can refuse to do so), it follows that much of, if not all, the preternatural heat of idiopathic fever is directly due to the propagation of the contagium. There is a large increase in the amount of oxygen, nitrogen, and water consumed, and in the carbonic acid formed in the system; and so far as the heat-producing effect of these changes is concerned it is probably quite immaterial whether they take place during the formation of the tissues and excreta or during the formation of the protoplasm of the contagium particles. In the combination of these two agencies we have the true and sufficient cause of the high temperature of idiopathic fever.

I think I have satisfactorily shown that the essential phenomena of idiopathic fever find a sufficient explanation of their occurrence in the reproduction of the contagium, and that to this cause are to be ascribed all those symptoms which have hitherto been regarded as due to exaggeration or modification of the normal tissue-changes. To the same cause are due the altered composition of the blood, and all the minor phenomena which characterise idiopathic fever. These I need not specially consider. To two other points only I would briefly refer—namely, the changes which take place in the nervous system; and the bearing of this theory on the treatment of fever.

To alterations in the nervous system Virchow ascribes an important and primary influence in the production of fever. That the nervous system is somehow or other profoundly and seriously involved there can be no question; symptoms attributable to it occupy a prominent place in an accurate description of fever. These symptoms, however, are all secondary, and are all due to the propagation of the contagium in the system, and the consequent removal from the blood by the contagium of the materials necessary for the nourishment of the nervous centres. The growth of the contagium particles is, as we have seen, necessarily attended by a large consumption of the oxygen, nitrogen, and water of the blood: that supplied to the brain suffers no less a deterioration than that which goes to all the other organs and tissues; the brain suffers from this cause just as the other organs do, only, being more impressionable and more important, the resulting symptoms are more prominent and more serious.

Treatment.—However interesting and satisfactory a theory may be, it falls short of its highest use if it fail to throw light on the treatment of the disease whose causation it seeks to explain. If the theory which I have advanced be true; if it be the case that the phenomena of idiopathic fever are all directly or indirectly due to the propagation of a minute animal organism, and the appropriation by it of the essential constituents of the blood, it follows that the treatment should consist, not in combating this or that symptom by this or that drug, but in saving for the tissues those elements of which they are being deprived by the contagium particles. This end might be attained in two ways—first, by limiting the reproduction of the contagium; and, second, by increasing the supply of the ingredients of the blood which it appropriates. The first plan is obviously the best. Can it be carried into effect? I fear not. Once admitted into a susceptible system, I see no means by which the propagation of the contagium can be stopped or even curtailed. It is an organised substance possessing the power of appropriating to itself the elements requisite for its growth and propagation: it is surrounded by these elements, and no power that we can bring to bear will prevent it appropriating them.

Can we then increase the supply of them so as to have enough for both the contagium and the tissues? The supply of a due quantity of constructive store albumen, the source whence both the tissues and the contagium particles get their nitrogen, is the chief difficulty. The vital energies of the contagium seem so to predominate over those of the tissues that the former is first supplied, the latter getting only what they can, and suffering a deprivation which is directly as the extent to which the contagium is reproduced. My theory, therefore, teaches us that the treatment of idiopathic fever should essentially consist in sustaining the vital energies, and in getting into the system all the nourishment that we possibly can. "The fever must be fed;" and that is what we have been taught by clinical experience. The old views which led to the adoption of depletion, purging, and other debilitating measures have been abandoned, and have been replaced by the supporting measures which every day's experience teaches us to be the most successful. The theory which I have advanced as to the causation of fever establishes for this treatment a sound pathological basis, and shows us how futile must be all medication directed to the subjugation of the general and essential symptoms of the malady. In fever meddlesome medication is bad.

In conclusion, a mere reference must be made to various questions which here suggest themselves.

1. Why does the same dose of the same poison produce such different effects in two individuals apparently similarly situated in all respects, in the one producing a slight and trivial attack, in the other a severe and rapidly fatal one?

2. Why do the febrile symptoms come to a more or less abrupt termination at the end of seven, fourteen, or twenty-one days, as the case may be, while there is still in the system abundant materials for the nutrition of the microzyme?

3. Why does one attack afford, as a rule, perfect immunity from a second?

4. How apply this theory to symptomatic fever?

I now refer to these points solely with the object of saying that I hope ere long to give to the profession such an explanation of each as will tend to confirm and strengthen the theory of fever which I have now advanced, and against which, without such a caution, these objections might be urged with considerable force. The necessarily limited space now at my disposal must be my excuse for not entering on these questions at once.

Dundee.

DR. DALRYMPLE'S Habitual Drunkards Bill was the subject of discussion at an influential meeting held on Monday last at the rooms of the Social Science Association. Dr. Acland, Regius Professor of Medicine at Oxford, presided on the occasion.

TWO CASES OF LARGE FIBROID TUMOUR OF THE UTERUS SUCCESSFULLY TREATED BY ENUCLEATION.

BY WM. ROSS JORDAN,
SURGEON TO THE BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.

THE cases which follow are two of the most interesting cases of fibroid tumour of the uterus that I have treated in the Hospital for Women, both the tumours being in the wall of the uterus, and having no tendency to point into the cavity. The treatment was similar in some respects to that recently recommended by Dr. Meadows, but seems to have been much more expeditious in its results; whilst another case, still under treatment, is progressing very slowly.

Mary Jane B——, aged twenty-four, single, small and sickly-looking—in fact, presenting a striking picture of exsanguine emaciation, not being able to walk into the room without help. She came to the Hospital for Women on the 12th of September as an out-patient, complaining of very frequent and profuse hæmorrhage. On examination, she was found to have a large fibroid tumour in the anterior wall of the uterus, which could be easily felt through the wasted walls of the abdomen. The uterine cavity measured four inches. The general condition of the patient demanded immediate attention, and I proposed to take her into the hospital; however, she preferred to take physic for a time, and try its effect. The following week she was much the same, and elected to come in; but, as we had then no room, she was not admitted until the 24th. She was allowed a few days' rest in bed previous to the commencement of active treatment.

On Sept. 28th an ordinary-sized tangle tent was introduced into the cervix, which unfortunately was not retained, and was followed by considerable hæmorrhage. A few days' further rest was given to allow any irritation from the first tent to subside; and on the 3rd of October another tent was introduced, which remained in position, and caused very little loss of blood. Next day the tangle tent was removed, and followed by a large sponge tent. On the 5th the cervix and cavity were sufficiently dilated to admit of a free investigation. The result was that the first diagnosis was confirmed, a large tumour being found in the anterior wall of the uterus, and not presenting any marked projection into the cavity.

Oct. 5th.—An incision was made into the lowest and most prominent part of the tumour with a guarded bistoury, about half an inch deep. The cervix in a line with the incision was divided with a pair of strong scissors. For a few days she went on very comfortably, without hæmorrhage, and with very little pain, the tumour showing no disposition to extrude.

9th.—Going on well; feeling better; an offensive watery discharge has come on.

About this time I went from home for a fortnight. The notes of the case on the hospital paper (made by Dr. Louisa Atkins, resident medical officer, who also had charge of the patient, and to whose care and attention in this and other cases much of my success has been due,) show that a very offensive discharge was present, and considerable pain, at times very severe, and that she suffered from symptoms of pyæmia, the temperature being on one day as high as 39·8°C, and for a week or ten days varying between 37·5° and 38·5°. I returned home on the 24th, and found the note of the morning state, "hæmorrhage, not profuse; pain; offensive discharge continues." Before the next note was made I saw the patient, who said that the pain had become worse than usual about four in the morning, and that it had increased in severity till eleven, when, with very violent pain, something came into the passage. Judging from her description of the pain, it was very like the pain of labour. A superficial examination showed a large, rounded mass, filling the cavity of the vagina. As she complained of great tenderness on examination, and was full of fear, chloroform was administered, and a large fibroid, about six inches long by three, was found perfectly free in the vagina, and removed without difficulty.

25th.—Going on well; appetite good. Has slept well. Temperature in the morning normal; in the evening one-fifth higher. The temperature had been nearly normal in the morning for the last three days, but in the evening had gone up to 38°.

31st.—Doing well; discharge nearly gone. The uterus has resumed its natural size and mobility.

A month later the patient came as an out-patient. She was scarcely recognised, so much improvement having taken place in her general appearance. She is stout, and has a good colour.

Mrs. S——, aged forty-six, married, has had five children, the last twelve years since. Has been under treatment for some time for a hard swelling in the abdomen; suffers from great and frequent hæmorrhage, and is in a state of great exhaustion. Examination of the abdomen showed a hard, irregularly rounded tumour, reaching from the pelvis to the umbilicus, four or five inches from side to side. Vaginal examination showed the os and cervix large, the latter swelling out after the manner of a pregnant uterus, movable; sound, six inches and a half by a circuitous route, and in front of a solid mass, could be easily felt below and to the right of umbilicus—in fact, so easily as at first to cause some doubt as to whether it were still in the uterus.

The same plan of treatment was adopted as in the last case—viz., two large and long tangle tents were introduced. On the next day it was found that one of them had slipped into the cervix, so that the os was only dilated by one, whilst the cavity was expanded to the size of both. They were removed, and a large sponge-tent put in their place. On the following day the sponge was removed, the smell being very disagreeable. There was now sufficient room to introduce two fingers into the cervix and to find a large tumour in the posterior and left wall of the uterus.

Feb. 8th.—An incision was made about two inches long on the lowest and most prominent part of the posterior wall, the cervix being divided in the same line by scissors. On passing the finger into the wound and separating the tissues between the mucous wall and the tumour about an inch each way, a soft roundish mass distended the wound. There was little hæmorrhage. On the next day (the 9th) the mass had filled the opening of the wound, but did not project; on the second day (10th) the tumour projected into the vagina about the size of an egg; the third day (11th), at eleven A.M., the tumour was as large as a small fist, and nearly filled the vagina. Finding that it was still firmly fixed above, and that it was so soft that the vulsellum forceps tore their way out if much traction were made, ergot was given every three or four hours, and at seven P.M. the tumour was attacked with the intention of removing all if possible, if not, part, as it was getting offensive. After half an hour's tugging and coaxing, a tumour weighing twenty-seven ounces was removed; the uterus was injected with a solution of Condy, and on examination an irregular but flat mass was still felt in the cavity. This not being large, and probably being the irregularly-contracted mucous wall which had covered the anterior aspect of the tumour, was allowed to remain to contract and subside into its natural place, if part of the uterus, or to be expelled if part of the tumour; but as the upper portion of the tumour, or that part which was last delivered, was most entire and perfect, it was left, with a strong notion that it would stay.

Ergot was given for several days to aid contraction and prevent hæmorrhage. Patient went on favourably and left the hospital on March 10th, comparatively well, but still weak.

These reports show that there are many cases commonly regarded as hopeless which may be cured, and in which no great harm can be done. The treatment is simple, and although some surgeons may consider it too heroic, very little harm can follow if care be taken to keep the incision over the bulk of the tumour, and if the fingers are not too vigorously employed to separate the capsule. Should this treatment not finally expel the tumour, it will probably relieve the hæmorrhage for a considerable time.

IN his Annual Summary of the Weekly Returns the Registrar-General states that London has now upwards of four million souls, and had in the middle of 1872, within the limits of the health returns, 3,311,298 inhabitants. The estimated increase of population was 44,839. The average mortality of the year was 21 per 1000.

ON A CASE OF ABSENCE OF THE THORACIC PORTION OF THE PECTORALIS MAJOR AND THE WHOLE OF THE PECTORALIS MINOR MUSCLE.

BY JOHN TWEEDY, M.R.C.S., L.R.C.P.,

ASSISTANT MEDICAL OFFICER IN THE SKIN DEPARTMENT OF UNIVERSITY COLLEGE HOSPITAL, AND CLINICAL ASSISTANT, ROYAL LONDON OPHTHALMIC HOSPITAL.

MYOLOGICAL variations of the upper limb are very uncommon, but the abnormality I wish to call attention to is so rare that I have been able to find the record of only one case at all resembling it—viz., a dissection made by Mr. Poland,* in which the costo-sternal portion of the pectoralis major, the whole of the pectoralis minor, and all but the upper two digitations of the serratus magnus muscle were absent on the left side. Beyond the fact that this man in advancing the left hand turned his body to the right side, nothing was ascertained of the movements of the arm in this case, which is the only one mentioned by Dr. Alexander Macalister in his exhaustive paper on "Muscular Anomalies in Human Anatomy," read on January 23rd, 1871, at the Royal Irish Academy.† Mr. Richard Quain has occasionally seen absence of the lower part of the costal portion of the great pectoral muscle.‡ Barkow§ has also recorded a case of entire absence of the pectoralis minor muscle.

In January last a muscular young man, aged twenty-three, came under my observation. In examining his chest I noticed a curious deformity resulting from absence of the costo-sternal portion of the pectoralis major muscle and the whole of the pectoralis minor, and probably also of the upper digitations of the serratus magnus muscle on the right side.

On making a more detailed examination, the clavicular portion of the great pectoral muscle was found to be somewhat hypertrophied, but the muscles of the back and upper limb were normal. The ribs and sternum were equally well developed on both sides of the body. The right nipple was placed over the fourth rib three and a quarter inches from the mid-sternum and six inches from the sterno-clavicular articulation; the left nipple was also on the fourth rib, the above measurements being four and a half and seven inches respectively. The circumferential measurement of the chest at the level of the nipples was thirty-five and three-quarter inches, of which the right side took up seventeen and a quarter inches and the left eighteen and a half inches. The measurement round the right arm at the insertion of the deltoid muscle was ten and a half inches round, the left eleven and a half. None of the movements at the shoulder-joint were in the least impaired. When the arm was raised the axillary artery could be felt pulsating immediately under the skin, but in other respects, as far as palpation could determine, the vessel was normal. Although the right arm is very powerful, the man is left-handed, and this may account for the slight difference in the measurement of the two arms. With the exception of an oblique inguinal hernia on the right side, no other abnormal condition could be detected in any part of the body, nor did the man know of any muscular peculiarity in any of his relatives.

In conclusion, I may add that Dr. Burney Yeo read, at a meeting of the Clinical Society on the 28th ult., the notes of a very similar case, referring at the same time to a case of complete absence of the left pectoralis major muscle in a man under the care of Mr. Taylor of Guildford.

* Guy's Hospital Reports, 1841, p. 191.
† Transactions of Royal Irish Academy, vol. XXV., p. 44.
‡ The Anatomy of the Arteries, p. 333.
§ Monstra. Anatom. Duplic., Lipsæ, p. 21.

MR. JOSEPH FARRAR, L.R.C.P. Ed., of Boroughbridge, Yorkshire, was presented on the 18th instant by the Amalgamated Friendly Societies of the town and district, and other friends outside the lodges, with a purse and testimonial, in recognition of the satisfactory manner in which he has discharged his duties to the Societies and his patients.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tam aliorum, tam proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

ABSCESS IN THE LEFT LOBE OF THE CEREBELLUM FROM SUPPURATIVE DISEASE OF THE EAR; DOUBLE OPTIC NEURITIS.

(Under the care of Mr. MAUNDER.)

THE connexion of aural and intracranial disease is a most grave one. Discharges from any part of the auditory apparatus must always be regarded with suspicion, and attempts should be made to check them by improving the local and constitutional conditions on which they depend. Provided that too severe remedies be not employed, there is no danger whatever in stopping a chronic discharge. It is true that a cessation of the discharge is generally observed before the outbreak of an acute inflammation, but this is rather an effect than a cause of the inflammatory action. Above all, free escape should be secured for the pus, as the greatest danger lies in the accumulation of matter within the cavities of the ear. Mr. Toynbee, to whom we are indebted for much light on the pathology of these cases, has shown that after the first and second years of life chronic disease of the mastoid cells is especially liable to be transmitted to the lateral sinus, giving rise to purulent infection of the system, or to the cerebellum, resulting in abscess by continuity or sympathy; while inflammation of the tympanum more commonly extends to the middle lobe of the cerebrum. To be of any avail, treatment must be commenced early; for when pus has once formed within the skull the case becomes almost hopeless; but even then much good may be done by alleviating the sufferings and soothing the general system. The question of trephining is one that can rarely be entertained, as localising symptoms are seldom present; but should they exist, the operation may be done as a *dernier ressort*, and that with some, though slight, prospect of success.

For the notes of the first of the subjoined cases we are indebted to Mr. Wallace Drew.

S. B——, aged sixteen, admitted May 25th, 1872. The patient, a fair, delicate-looking girl, stated that about a fortnight before admission she had earache, which was soon followed by giddiness and discharge from the ear. The discharge and giddiness continued up to the time of admission. Previous to this she had always been healthy. She had scarlet fever and measles when a child, and small-pox six months ago, from which she completely recovered. No history of injury; no history or signs of syphilis.

On admission there was a thick yellow discharge from the left ear, and she complained of deafness, frequent attacks of violent retching and vomiting, and said her "head felt going round and round." She had great pain "all over her head," which was increased by pressure over the mastoid process. Temperature normal.

May 28th.—Condition and symptoms unaltered. Ophthalmoscopic examination disclosed double optic neuritis. She passed urine in the bed during the night.

June 5th.—The nurse states that at 7 A.M. "she gave a scream, and a stupor came over her, from which she could not be roused. The eyeballs and eyelids kept moving during the attack."

6th.—At 4 A.M. patient had a fit, described by the nurse as "clenching of the hands and feet and foaming at the mouth," which lasted about four minutes. She did not bite her tongue. She remained in a stupid condition all day.

7th.—Patient can be roused with difficulty. Continuous vomiting. Dr. Hughlings Jackson saw her and dictated as follows:—"There is double optic neuritis; minute examina-

tion impracticable. She is very much thinner than she was a week ago. There is no paralysis apparently, but she is too ill to get out of bed for careful examination."

8th.—Two fits this morning, one at 9 A.M. the other at 10 A.M. Nurse states that before the first she had a rigor, which lasted for a quarter of an hour. During the fit she had twitching of the muscles of the face and eyelids, but both upper and lower extremities were apparently powerless. The second fit was similar to the first, except that the twitching of the face was absent. Passes urine in the bed. Tongue is moist, tremulous and red.

14th.—She has improved very much since the 8th. Vomiting, pain, and giddiness much less. Discharge from the ear is very profuse. Passes better nights. Bowels constipated.

29th.—Her general symptoms have been much the same since the last report; some days she has been sufficiently well to get up and do needlework, at others as bad as ever. Has had no more fits. Dr. Hughlings Jackson made the following remarks:—"The optic discs are still swollen, and very prominent over a small area. Veins are very dark. Effusions of blood at the edge of the swelling. General manner much improved since I last examined her."

July 31st.—Dr. Hughlings Jackson saw her again, and made the following remarks:—"She has been much worse for the last two days; but since I saw her on June 29th she had been very much better, had been up, and had done needlework. She made two aprons. The last observation shows that her sight has not been considerably affected, although it has not been tested by types. She would read, and the nurse thought she saw well. She had taken her diet (half 'fancy'), and had also eaten part of other patients' diet. Indeed, she seemed to be getting well. Now she is very ill, and has great pain in the head. There is no paralysis. It is of course impossible, as the patient is in bed, to say that her legs are not weak; but before she took to her bed there had been no difficulty in her gait. Certainly there is no paralysis of any cranial nerve; and it is particularly to be noted that speech, articulation, and voice are good. There is, however, still double optic neuritis. The existence of this pathological condition of the optic nerves would never be guessed from her manner. The disc patch is about three times the diameter of a healthy disc. There is no distinct edge, but a general boundary of swelling over which the large veins turn to be lost to sight, reappearing beyond. No arteries are traceable in the patch."

The patient died a quarter of an hour after the opthalmoscopic examination was made, and the above remarks dictated by Dr. Hughlings Jackson. From the nurse's description of her death she appears to have become rapidly comatose. Her temperature (night and morning) all through her illness was normal, excepting on the 8th of June—the day she had two fits,—when it reached 99°. Trephining was suggested by Mr. Maunder, but was counter-indicated by the absence of any localising symptom.

The friends refused to allow any examination of the body, and removed it, but on the following day (Aug. 2nd), after great difficulty, permission was obtained to examine the head. The left half of the cerebellum was found to be completely hollowed out, forming a large abscess cavity. The cyst-wall was soft, with little or no fibroid thickening, and the pus it contained was of a yellow colour, tinted in some parts with a green hue. At the receding angle in posterior fossa of skull, formed by the junction of the mastoid with the petrous portions of the temporal bone, where the lateral sinus makes a bend, a spot was found which communicated directly with the abscess in the cerebellum, and from which pus oozed when the periosteum was removed. At this point the bone was found softened, and readily broke under the point of a probe. There was rather more fluid in the lateral ventricles than normal, otherwise the brain was quite healthy. There was not the slightest trace of lymph, or even dulness of any portion of the arachnoid.

ABSCESS IN THE RIGHT LOBE OF THE CEREBELLUM FROM AURAL DISEASE: NO OPTIC NEURITIS.

(Under the care of Dr. HUGHLINGS JACKSON.)

A man aged thirty-three, admitted Oct. 7th, 1872, under the care of Dr. Davies, was by him transferred to Dr. Hughlings Jackson. The only symptoms the man had were severe pains in the head and discharge from the right ear. He had been in the hospital before from Aug. 7th to Oct. 2nd. There was then also pain in the head. Notes were taken by Mr. Morgan, of which the following is a brief abstract:—The discharge from the right ear had existed on and off for about ten years, and of this ear he was deaf. The aural disease followed a blow on the head. The cerebral symptoms began about four months before his death, and apparently by *sudden* giddiness. Whether this giddiness was owing to increased pressure in the labyrinth or to the first changes in the cerebellum, must remain doubtful. (*Attacks* of giddiness with vomiting are not uncommon in cases of disease of the internal or middle ear.)

Of his condition during the seven days he was in the hospital for the second time there is nothing special to say, as unfortunately scarcely any notes were taken. He seemed to be intelligent, except that he was dazed with pain. Intense headache was the symptom of the case. It was particularly noted that there was no change in his optic nerves until the night before he died, and then there was only great fulness of the veins and a little indistinctness of the edge of the disc. It was believed that the changes were those of commencing neuritis. There was nothing the matter with the man's way of walking; there were no local motor symptoms of any kind anywhere. He died suddenly on October 14th. If possible, he had more pain than usual the night of his death. He was found dead by the night nurse.

The whole of the encephalon was healthy except the right lobe of the cerebellum. In the outer part of this, nearly touching the surface, was an abscess the size of a walnut; it had a tough, thick wall. The part of the cerebellum containing the abscess was adherent to the petrous bone. Round about the abscess (and of course separated from the purulent contents by the abscess-wall) the nervous substance was slightly softened and reddish. On section the brain matter was seen to be dotted with very numerous red points; the appearance was very like that of ordinary red softening. The lateral sinus contained purulent and fibrinous flakes. There was caries of the petrous bone. The other organs of the body were normal except for congestion. There were no traces of pyæmia in the lungs.

Remarks.—It was *predicted* that an abscess would be found in either the cerebrum or the cerebellum; but, in the strictest sense, no *diagnosis* could be made. The symptoms—severe pain in the head, vomiting, and double optic neuritis (and here there was no neuritis)—only show that there is a foreign body of *some kind* within the cranium. So far as these symptoms mentioned go the foreign body might have been a glioma, a mass of tubercle, or an hydatid cyst. The existence of aural discharge, signifying disease of the petrous bone, made the diagnosis that the foreign body was an abscess. Could this have been concealed, the diagnosis of abscess would have been, not difficult only, but impossible. Then as to position—so far as the symptoms mentioned go, there were no grounds for deciding whether the abscess was seated in the cerebrum or in the cerebellum; for an abscess in either of these parts might produce severe headache, vomiting, and double optic neuritis. Optic neuritis does not help us in localisation, any more than headache or vomiting does. The case shows that abscess of the cerebellum may exist, for some time at any rate, without producing optic neuritis. Adventitious products in the cerebrum and cerebellum sometimes do, and sometimes do not, produce optic neuritis; indeed they sometimes produce no obvious symptoms whatever. The case illustrates that a *part* of *one* lobe of the cerebellum—of one *lateral* lobe, that is—may be diseased without any disorder of locomotion resulting. This is seen more strikingly in Mr. Maunder's patient.

The suddenness of the death of the patient is noteworthy. How it happens that death occurs suddenly in cases of adventitious products in the encephalon it is difficult to say. There was no rupture of the abscess. A man recently died, under Dr. Hughlings Jackson's care, as suddenly from or with a small syphilitic tumour of the middle lobe of the cerebellum. About two years ago a girl died suddenly from or with a glioma and cyst of one lateral lobe of the cerebellum; there was no hæmorrhage from the tumour. Death occurred suddenly in Mr. Maunder's patient; Dr. Hughlings Jackson was surprised to hear of the girl's death so soon

after seeing her in a condition which, though grave enough, did not suggest anything like so near an approach of death.

LEEDS GENERAL INFIRMARY.

SUPRA-CONDYLOID AMPUTATIONS.

(Under the care of Mr. T. R. JESSOP.)

THE subjoined is the completion of the notes of five cases of supra-condyloid amputation that have been under the care of Mr. Jessop. The notes of the first case will be found at p. 375.

CASE 2. *Severe crush of leg; supra-condyloid amputation; death in nine weeks from exhaustion.*—George S——, aged sixty-three, a railway porter, was brought to the Leeds Infirmary on the 11th of April, 1871, having been knocked down and run over by an engine, whereby his left ankle and leg, as high as the tubercle of the tibia, were ground to pieces. He was a feeble, prematurely old man, and had been addicted to drinking. The accident happened at Ripon, a distance of thirty miles from Leeds, so that several hours elapsed between the receipt of the injury and his arrival at the infirmary; and during this time a considerable amount of blood had been lost. When first seen after his admission he was collapsed, shivering, and almost pulseless, but clear-headed and in great pain. It was deemed prudent to wait a while before operating; and in the meantime stimulants were given, and warmth applied to the surface. About six hours after the occurrence of the accident, the limb was amputated by the supra-condyloid method. He made a good rally after the operation; and for the first few weeks all went on satisfactorily enough. The flaps did not unite by first intention, but they retained a close apposition; and healing by granulation went on with such rapidity that, at the end of a month, there remained only a line of superficial sore, varying in width from half an inch to an inch. The patella, too, had become firmly united to the cut end of the femur. About this time his strength began to fail, healing stopped, he lost his appetite, and his abdomen became tympanitic. This last symptom soon increased so as to produce much distress; and on many occasions a temporary relief was obtained from the partial emptying of the colon by means of the pneumatic aspirator. It now became evident that his power to rally had gone; and for several weeks before his death, which took place on June 8th, he lay in a perfectly hopeless, sinking state. The stump meanwhile had altered but little, a broad line of level sore intervened between the edges of the flaps, and the patella remained firmly fixed to the end of the femur.

CASE 3. *Conical stump; reamputation by supra-condyloid method; recovery.* — Richard D——, aged twenty-five, a butcher by trade, was admitted into the Leeds Infirmary in April, 1871. Six years before he had undergone amputation through the calf at the Shrewsbury Infirmary for disease in the left ankle. After having remained sound for three years, the end of the stump became ulcerated; and as he continued his employment without having recourse to treatment, the sore gradually increased in size, until it involved the whole anterior aspect of the stump, and the bones protruded, covered only by callous granulations.

On April 27th the supra-condyloid amputation was performed. Healing took place quickly, and the patella united firmly with the femur. On June 30th he was sent to the Convalescent Hospital at Cookridge, a few miles out of Leeds, with his stump almost well. A few days afterwards a phagedænic ulcer formed in the cicatrix, and, with marvellous rapidity, the flaps separated from each other, leaving an immense gap—a foul, deep, ragged, ash-coloured sore. In this condition he was readmitted into the infirmary, and it was then found that the patella remained securely fixed in its new position. After several incisions had been made deeply through the edges of the ulcer, at various spots in its circumference, the sloughing process ceased, and healthy granulations began to appear. About the middle of August he had recovered so far as to be allowed to go home. At that time the end of the stump was round, well covered, with movable skin, and capable of bearing very firm pressure. On the posterior aspect of the limb in the centre of the cicatrix there was a healing ulcer as large as a crown piece.

Nothing more was seen of him until Sept. 30th, 1872, when he was sought out and brought up for observation. From the time of his leaving the infirmary (August, 1871) he had been tramping the country as a public-house minstrel, and had taken no thought or care of his stump. The ulcer remained unaltered in size, its surface was dirty and smooth, and its edges hard and raised. The patella was firmly fixed to the end of the femur, and was well covered with healthy movable tissues. Firm pressure and even severe blows were well borne over the end of the stump.

CASE 4. *Old necrosis of tibia, with knee anchylosed at an acute angle; supra-condyloid amputation; recovery.* — Martha M——, aged fifty-three, was admitted into the Leeds Infirmary in January, 1872. For thirty years she had been a cripple, suffering from necrosis of the entire length of the left tibia. In the early stage of the disease the knee-joint had become involved, and eventually had anchylosed at a very acute angle, the heel being within a span of the buttock. There seemed to have been an almost complete failure of attempt to form new bone; the sequestrum had spontaneously fractured at a little distance below the tubercle of the tibia, offensive discharges oozed out of several openings, and the patient had been brought down to a very low state of health.

On January 11th, 1872, the limb was amputated by the supra-condyloid method. Some difficulty was experienced in making the posterior flap, owing to the sharp angle formed by the leg with the thigh, and as soon as the necessary incision was completed it was found that the centre of the flap had retracted to a distance of nearly six inches up the thigh, forming a V-shaped wound. The question of amputation at a higher point was for a moment or two entertained, but the idea was abandoned as soon as it was ascertained that the sides of the V could be readily and without tension approximated. This was accordingly done to the extent of the upper four inches, the sides of the wound being allowed to diverge below in order to receive the anterior flap.

When the operation was completed the appearance of the stump was very satisfactory, and the subsequent progress of the case was all that could be wished for. The approximated portions of the sides of the posterior flap adhered, and the anterior flap united to the remainder. The patella kept its position, and became one with the femur.

On March 2nd she was sent home with an excellent stump, perfectly healed, and capable of bearing considerable pressure upon its face. When seen on Sept. 30th, she had been wearing an artificial leg for a few hours daily during seven weeks; the stump remained perfectly sound and any reasonable amount of pressure upon its end was well borne.

CASE 5. *Railway injury; supra-condyloid amputation; recovery.* — William S——, aged twenty-eight, a goods-train guard, residing at Bradford, was admitted into the Leeds Infirmary on Feb. 15th, 1872, having had his left leg run over by two laden railway waggons. The lower half of the tibia was severely crushed and the muscles of the calf were hopelessly mangled. Within an hour of the accident the limb was amputated by the supra-condyloid method. The flaps were accurately adjusted, and the patella fitted closely to the end of the femur. With the exception of a little sloughing at the inner side, which caused considerable delay in the completion of the healing process, all went on apparently in the most satisfactory manner. The stump retained throughout a round and well-cushioned appearance; but, on a careful examination being made on the day of his discharge from hospital (April 13th), it was found that the patella had slipped from its new attachment, and that it could be distinctly felt, movable, in a position somewhat higher and a little external to its normal situation. The inner corner had not yet closed.

On Sept. 30th he presented himself amongst the out-patients. Healing was completed a fortnight previously. The cicatrix was adherent to the bone at the inner angle, and the patella remained as at the time of his leaving the hospital. The end of the bone was well covered by a thick pad of tissues, and he could well bear pressure or a blow upon the face of the stump.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 4TH, 1873.

SIR W. JENNER, BART., K.C.B., PRESIDENT, IN THE CHAIR.

THE PRESIDENT exhibited the following specimens of the Filaria sanguinis hominis sent him by Dr. Parkes of Netley, who had received them from Dr. Lewis of Calcutta: 1. A drop of chylous urine preserved in carbolic acid and spirits and containing four or more filariæ. 2. A drop of blood from the finger of a patient suffering from chyluria, exposed to the fumes of osmic acid, and then mounted in acetate of potash; five filariæ in the preparation. 3. A drop of blood from the finger of a European woman exposed immediately to the fumes of osmic acid and mounted in acetate of potash; five or six specimens of the hæmatozoon present, two contracted within the enveloping tube. He also showed a preparation sent by Dr. Lampey, of Hong Kong, showing the ova and embyros of Spiroptera sanguinolenta from the heart of a dog. Dr. Lewis had ascertained that the disease called chylous urine, which was so common in the East, was dependent upon the presence of these creatures in the blood. He thought the discovery was of great importance. Dr. Lewis had calculated, from the number of the filariæ found in one drop of blood, that more than 140,000 were present in all the blood of one patient. It was now questionable if the old name of chylous urine ought to be applied to the disease; if a new name were given, he hoped Dr. Lewis's name would be associated with the disease.

Dr. COBBOLD said that great interest was attached to these parasites. He had examined the blood of four dogs which contained the Spiroptera sanguinolenta; the heart of one was full of them. Dr. Lewis said that the filaria was in a cyst or envelope. As far as he knew no opinion had been expressed as to the character of this envelope; all hung upon this. He thought the envelope was an ectocyst, the first attempt at moulting. The nematoid worm always undergoes ectocyst, one or two changes being required. We might affirm that sexually immature worms of nematoid group, filariæ or not, were really only forms of animals found in other bearers; an intermediary host was always required. It was important to discover their source in the human blood. The development of the guinea-worm, which had so long puzzled us, was now known; the young larva got access to water, and entered entomostracea, and then underwent its first moult in twelve hours. It remained there one month and twelve days, and then passed into water, and was taken up with the drink by man. In the duodenum copulation took place; the male was then supposed to die, and the female came to the external parts of the body and discharged its ova. Like phenomena were met with in other nematoid worms. We must therefore either look upon these filariæ as the sexually immature forms of a round worm, and, if so, where were the mature forms to be found—in man or in some animal, probably a carnivore?—or it was in the blood of the patient, and had, up till now, escaped notice (nematoid worms have been found in a dog in whose blood filariæ were present); or they belonged to a nematoid worm of a carnivorous animal, and strayed into the human subject and gave off their progeny there instead of in one of its own bearers.

Dr. BASTIAN said he had arrived at the same conclusion as to the nature of the cyst as had just been remarked; he would not, however, attach too much importance to this as he had seen it in free nematoids where no such changes occurred. There was one fact of importance with regard to their origin—namely, the large number found in the blood of one patient, over 140,000, as had been mentioned; it appeared incredible that so many could get in from an external source; so he should think man was no intermediary host. It appeared to him that the adult animal lived in the body of the patient.

Dr. J. HARLEY said he agreed with what Dr. Bastian had stated. He thought that, considering the enormous development in man, the filariæ arose from more than one individual, or that at first more than one parasite was admitted. In Dr. Cobbold's theory no new individuals were developed, and then those admitted would have to live on for an indefinite period, and he considered this fact was against his views. He thought they arose from an animal in the individual, and possibly it will be found in the vascular system. In 1869 Dr. Wucherer described the hæmaturia of Brazil, and stated that he had uniformly found the worms in bloody, chylous urine; at the same time he sent specimens to Leuckhart, who corroborated his discovery. He also had specimens sent him which were identical with those now exhibited. Dr. Jules Crevaux, of the French Marine, also published a case he met with in 1870, and agreed with all that Dr. Wucherer had stated.

Dr. CRISP mentioned the common occurrence of strongyli in asses, also in mules, but not so frequently in horses; he had found filariæ in the heart of a bird. It would be well to ascertain if the ova of these were found in the blood, as by examining the blood of a donkey.

Dr. CHARLES CARTER exhibited a large Fibro-cystic Tumour of the Right Ovary. It was removed by Mr. Marshall at the post-mortem examination of an old woman aged seventy-four. It had been slowly increasing for more than ten years. It weighed twenty-three pounds and a half, and consisted of three masses; the largest contained about four pints of clear, reddish fluid; its walls were from one to two inches thick. The smallest mass filled up the true pelvis, and to the front of it the uterus was attached by thin bands; on the left of the largest mass was another with a cavity containing a small quantity of fluid. The uterus was atrophied; the left ovary was cystic and calcified. The right broad ligament was attached to the posterior part of the smallest mass, which appeared to be the altered ovary. The structure was that of a fibroid tumour. The specimen was referred to the Morbid Growth Committee.

Dr. WILTSHIRE showed a Fibroid Tumour, weighing about two pounds and a half, which he had removed from an old woman aged sixty-three. It was attached to the uterus and the ovary by several cords; these were ligatured in two bundles. The woman died, and at the post-mortem examination it was found that the ovary on that side was almost intact, and that the ligature had been placed at its extremity. Dr. Wiltshire alluded to the rarity of a fibroid tumour of the ovary, and questioned if this was of that origin. The tumour was referred to the Morbid Growth Committee for examination.

Dr. GOODHART showed a specimen of the so-called Surgical Kidney, from a patient, aged thirty-seven, who had suffered for eight or ten years from stricture. He died of peritonitis; the bladder was contracted and sacculated; there was extreme cystitis; the ureters were dilated, but not the pelvis of the kidney. The kidneys were contracted and atrophied. He did not think the changes were produced by direct extension of the inflammation.

Dr. WILSON FOX wished to ask one question as to the nomenclature; he thought there was some difficulty still in defining old words. Did the name mean a kidney diseased on account of, or through want of, a surgical operation?

Dr. GOODHART thought the kidney was diseased from obstruction to the outflow of urine.

Dr. MOXON could have wished Dr. Fox had given a name to the disease described by Dr. Goodhart; he thought it arose from obstruction and inflammation due to surgical interference, as in lithotomy or from catheterisation.

Mr. ARNOTT said he had seen a large number of these kidneys; they were not always connected with surgical interference, as in women dying of cancer affecting the base of the bladder, and causing obstruction to the ureters and dilating the pelvis, there were all the characteristic marks of the disease.

Mr. HEATH asked if the urine had been examined, and what was its condition.

Dr. GOODHART said it could never be procured; the man was comatose, and passed it in bed.

Dr. MOXON said he differed from what Mr. Arnott had said. If there was no cystitis, but only dilatation from obstruction, women after obstetrical operations did not have this form of kidney; but when tents, iodine injections, &c., had been used, then inflammation and this disease were set up. He thought the pathology of the disease was most important. From the appearance of the kidney at post-mortem examination, he thought persons

with stone in the bladder had suppuration of the kidney, and then recovered. Considering the easy tract for the escape of pus from the cortex, he thought it might do so without scarring.

Dr. GREEN showed the Lungs from a child aged six years, the subject of congenital syphilis. The incisor teeth were typical, and the spleen was much enlarged. The child had suffered during childhood from diseases tending to pulmonary suppuration, and had had a cough since having whooping-cough. The right lung was small; one large cavity occupied the whole lung. The lining membrane struck him as characteristic of syphilis. The membrane was puckered and thickened; the spleen puckered and lardaceous, as also the liver, kidneys, and intestines. He thought the nature of the change in the right lung was interesting.

Dr. G. HEWITT thought, with regard to the explanation of the condition of the lung, the history and attacks of inflammation in the early years had much to do with it, as after whooping-cough there was collapse and consolidation of lung, injuring it as to its capability of admitting air. It was more rational to think this the cause than the syphilis.

Dr. T. WILLIAMS did not understand that there was any collapse of lung. There was always thickening and fibroid change in the walls of old cavities.

Mr. DURHAM showed a large Cystic Bronchocele from a woman aged thirty-six. She said it came from a blow received five years ago. It was at first the size of a nut, and after remaining that size suddenly increased, causing great dyspnœa, &c. He removed the growth, which consisted of a number of cysts containing a bloody serous fluid with cholesterine crystals. It arose from the isthmus; neither of the lobes was affected, and this seemed to bear out the fact that the isthmus was only connected with the lobes by connective tissue.

Mr. HEATH showed a Fracture of the Olecranon. A man broken down by drink fell and sustained a compound fracture of the olecranon. He saw him twelve hours after, and removed the piece of bone sticking out of the wound. Would it be better in such cases only to remove the bone or to excise the joint?

Mr. COUPLAND showed a Heart with Gouty Deposits on the Aortic Valves. A man aged sixty-five died soon after his admission to Middlesex Hospital of bronchitis. He had suffered from gout some years ago. The heart was not examined. On two of the cusps of the aortic valves there was a white deposit, between the layers, and near the attached border, and so the valves were competent. Examining the deposit chemically, he obtained the murecide test with uric acid; under the microscope small red-shaped crystals. Dr. Garrod said a true gouty deposit in the heart had never been met with. No similar case had ever been brought before the Society. The kidneys had the same deposit.

On the proposal of Dr. MOXON, the specimen was referred to a special committee for examination.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MARCH 5TH, 1873.

DR. E. J. TILT, PRESIDENT, IN THE CHAIR.

THE following gentlemen were elected Fellows of the Society:—John Chalmers, M.D.; George Julius Engelmann, M.D. (St. Louis); W. B. Lindsay, M.D. (Ontario); Edward H. M. Sell, M.D. (New York); and Henry E. Trestrail, F.R.C.S. (Harston.)

Mr. FLETCHER BEACH exhibited the Uterus and Ovaries of a child, aged seven years, who had died of tubercular meningitis. They were infiltrated with caseous material.

Dr. HARRIS, of Madras, exhibited a large Fibro-cystic Tumour of the Ovary, which he had removed. The pedicle was ligatured and dropped into the pelvis, and the patient made a good recovery. Its centre was occupied by a large cyst, the containing wall averaging about an inch in thickness, and consisting of dense fibrous tissue.

Dr. J. J. PHILLIPS considered the specimen a uterine myoma rather than an ovarian tumour, in which opinion Dr. GRAILY HEWITT concurred.

Dr. SELL, of New York, exhibited three instruments invented by Prof. Carl Braun, of Vienna: a blunt-pointed hook for performing decapitation; a crooked trephine; and a cranioclast, showing the third and last modification made by the inventor.

Dr. T. LAZAREWITCH related a Case of Puerperal Convulsions in the ninth month of pregnancy; in which accouchement forcé and expansion of the cervix with Barnes's dilators and incisions were practised. Delivery of the fœtus was effected with his (Dr. Lazarewitch's) parallel forceps. The child was still-born, but the patient recovered. The author believed that in consequence of the right coxo-femoral articulation being anchylosed, the ordinary forceps with crossing blades could not have been used; his own parallel forceps were, however, applied with ease. He has lately modified his instrument by forming a ring above the handles, through which a finger may be passed to aid in traction.—He also exhibited a new Constrictor for the removal of Tumours of the Uterus. The instrument is an ingenious wire écraseur, by means of which the author is enabled to remove tumours *in situ* from the cavity of the uterus.

Dr. SNOW BECK resumed the discussion upon Dr. Heywood Smith's paper on the Treatment of Post-partum Hæmorrhage by the Intra-uterine Injection of Perchloride of Iron. He stated that he had met with several cases where death had followed the injection of perchloride of iron into the gravid uterus to arrest post-partum hæmorrhage, all the women presenting symptoms quite analogous to those known under the name of puerperal fever. It was now ascertained the hæmorrhage only occurred when the uterus was relaxed. This relaxation allowed the canals of both the arteries and the veins to remain open, when the blood was poured out from the arteries, and any styptic injected too often was taken up by the veins, conveyed into the general system, and caused the certain death of the individual. This had always been verified on the post-mortem examinations he had been permitted to make. He believed the usual means employed to promote contraction of the uterus were all-sufficient for the purpose provided they were used efficiently. It was a mistake to say they required the presence of any supposed "nerve force," as the uterus was comparatively isolated from the general system and had an independent action of its own, and to produce complete contraction the remedies—except the ergot of rye—ought to be effectively applied direct to the organ itself. When this was done there was no necessity for any new power in the form of styptics injected into the uterine cavity. Where the local stimulus of cold or the introduction of the hand was not sufficient, sponging or swabbing the inner surface with any astringent would induce contraction, expel the hand with all coagula, and, by closing both the arteries and veins, stop the hæmorrhage and prevent any injurious absorption. In secondary hæmorrhage occurring after the first week, after abortion, &c., where the walls could not be induced to contract further, sponging or swabbing the inner surface with an astringent was every now and then required. But it was very necessary to afterwards wash out the cavity each day, to remove any injurious matters, and to prevent deleterious absorption.

Dr. BANTOCK had used the injection of perchloride of iron but once in a case of accidental hæmorrhage occurring within a fortnight of the natural term of utero-gestation. The injection produced severe pain in the hypogastrium. To relieve this nepenthe to the amount of a fluid drachm was administered, but the pain increased in severity until she died, seven or eight hours afterwards. He believed death in this case must be attributed to the injection of the iron, at the same time he would not wholly condemn the remedy because one fatal case had occurred. He believed compression of the uterus, if intelligently performed, was a sufficient preventive and curative measure in most cases of post-partum hæmorrhage.

Dr. WYNN WILLIAMS considered that the injection of solutions of perchloride of iron into the cavity of the uterus was accompanied with considerable risk. His method of applying it differed from that of Dr. Barnes. After having emptied the uterus of all clots, he swabbed the interior of the uterus with a sponge saturated with tincture of perchloride of iron and water (equal parts). Should the sponge not be expelled by the contractions of the uterus thus set up, it was left, a string being attached to it. He believed this to be a safer proceeding than that recommended by Dr. Barnes.

Dr. PROTHEROE SMITH said that although the use of the

perchloride of iron as an intra-uterine remedy post partum could not be considered free from danger, he nevertheless regarded it as a valuable remedy, when others had failed, to arrest the fatal issue. He thought some of the dangers of the use of iron might be overcome by using instead the undiluted tincture of matico, and he strongly commended this powerful styptic to the notice of the Fellows of the Society, with a view further to test its efficacy as a valuable remedy in post-partum hæmorrhage.

Dr. HAYES thought it probable that the cause of death in the case mentioned by Dr. Bantock was more due to shock than to the iron injection.

Dr. HOLMAN had experienced many practical proofs of the safety and efficacy of perchloride of iron injections in post-partum hæmorrhage. He never went to a labour without carrying the remedy, and the means of using it, with him, and he was convinced that he had, by the use of it, saved lives which would otherwise have been lost. He did not employ it until all the other usual methods had been exhausted.

Dr. EDIS had seen a case of secondary hæmorrhage occurring ten days after delivery, in which an injection of equal parts of the tincture of perchloride of iron and water failed to restrain the hæmorrhage. Death being imminent, he injected an ounce of the pure tincture, and left it in. The patient slept well after it, and had no pain or inconvenience, and her life, he believed, was saved by it. He had used pure tincture in several other cases with marked success.

Dr. ROGERS believed that the injection of iron should only be had recourse to when other means had failed. He had injected the pure tincture of steel for post-partum hæmorrhage in seven cases, with immediate good results, and in only one had any serious after-consequences followed. This case recovered. As a *dernier ressort* he thought the injection of iron ought to be tried, but perhaps the plan advocated by Dr. Wynn Williams might be the safer way of using the styptic.

Dr. PLAYFAIR asked Dr. Snow Beck how many cases of death resulting from the injection of perchloride of iron he had personally seen. It would be interesting to the Society to know, inasmuch as many Fellows had repeatedly injected the iron without ever witnessing any bad results, while he, who confessedly had never used the remedy himself, had had the bad fortune to witness several fatal cases.

Dr. SNOW BECK answered that he had seen nine or ten cases. The symptoms were similar to those of puerperal fever, but he felt convinced that death was caused by the injection of iron.

Dr. BARNES said it was eminently desirable that everything that could be urged against the practice of arresting post-partum hæmorrhage by injecting perchloride of iron should be stated, but there was little hope that the spirit of criticism which was so strong in Dr. Beck would ever be exhausted. Dr. Barnes believed this question was to be decided, not by *a priori* anatomical closet speculations, but by experience at the bedside. Dr. Beck, admitting he had never used the remedy, or seen it used, laboured by ingenious anatomical argument to prove that the perchloride of iron could not cause the uterus to contract, or close the arteries. The simple answer was that it did both, and did them effectually. He had often had his hand in the flaccid, bleeding uterus to clear out the placenta and clots, and felt the inner surface of the uterus contracting, corrugating, crinkling under the contact of the iron as it flowed, stopping the bleeding and expelling the hand. Dr. Beck had laboured to prove that the uterus was an isolated organ, in its action independent of the nervous centres. Dr. Barnes could not agree with him; a thought would cause the uterus either to contract or dilate. If this physiological fact were at variance with Dr. Beck's anatomy, he feared Dr. Beck's anatomy must be wrong. Dr. Beck asserted that ergot, cold, galvanism, and pressure were sufficient to arrest hæmorrhage, but such an opinion could only be entertained by those who had seen but little practice in difficult midwifery. Dr. Barnes had seen many women bleed to death after all these means had been used unsuccessfully by men as skilful as any in that room. Dr. Bantock's case was one which had given him great anxiety, and he had been much disposed to interpret it as Dr. Bantock had. Certainly the pain must be attributed to the injection, but it did not follow that it was the cause of death. The prostration was already extreme, and the fatal termination was, as had been pointed out by a previous speaker, probably due to shock. In extreme exhaustion from bleeding a very slight cause was often enough to extinguish the patient's life. Dr. Routh's case was one of septicæmia, for which he certainly could not blame the perchloride. Flooding predisposed powerfully to septicæmic fever. It frequently occurred when no styptic injection had been used. Dr. Barnes added that it had struck him as a remarkable fact in this and also in the preceding discussion that those who condemned most warmly the practice of injecting iron solutions to arrest hæmorrhage were men who had at most seen it used once, whilst it had been emphatically approved by men whose experience was greatest and who had used the remedy frequently. Nothing could be truer than Dr. Holman's description of the risk run by delicate pampered women, who become exhausted by the mere effort of bringing forth a child. In these cases, where the uterus could not be made to contract, where he could not rely upon reflex excitation, when grasping the uterus must at length be abandoned, then it was that the perchloride of iron came in as a new power to save life in the last extremity. He felt deeply his responsibility in advising the use of a remedy which to many seemed dangerous, but the conviction he had acquired that he had saved many lives, otherwise doomed, by this practice, was too deep to permit him to hesitate in continuing to pursue it, or to urge others to do the same. When all ordinary remedies were ineffectual, should we look on passive, folding our hands behind us, or turn upon our heels, and let the woman die?

Dr. MURRAY wished to add his testimony as to the value of perchloride of iron. He had used it in ten cases, in which the various ordinary means had been tried, and had failed to arrest the hæmorrhage. He considered delay in using the iron far more dangerous than the employment of it.

Dr. SAVAGE stated that he had never met with a case of post-partum hæmorrhage rebellious to the old-fashioned practice, and many obstetricians were opposed to iron injections. Groundless alarm had probably in many instances led to their premature use, and the overlooking of Dr. Barnes's own reservation—viz., to use the perchloride as a last resource. If he were ever induced to have recourse to the perchloride he would use a strong solution, taking care to prevent premature contraction of the cervix. The plan of Dr. Wynn Williams he believed to be founded on the true principle.

Dr. HEYWOOD SMITH, in reply, said he was glad to find that the case he had brought forward had proved so full of interest to the Society. He did not regret having done so; every new therapeutical agent should be fairly investigated, and the results published whether they be favourable or otherwise. Though many had spoken against the intra-uterine injection of iron, on the whole the balance of opinion that night was in its favour. He wished it to be distinctly understood that the lesson he had tried to deduce was that, though the intra-uterine injection of iron might be a suitable remedy in cases of primary hæmorrhage, it was not so in secondary. He maintained that after the process of involution and absorption had commenced, it was unwise to inject into the uterus anything which, being absorbed, might prove deleterious. Dr. Heywood Smith also wished to draw attention to the fact that at the British Lying-in Hospital, since he had made it a rule that every patient should have ergot after her labour is over, to insure the proper contraction of the uterus, there had been much fewer cases of puerperal mischief. He begged to thank the Society for the attention they had given to his paper.

Reviews and Notices of Books.

Wöhler's Outlines of Organic Chemistry. By RUDOLPH FITTIG, Ph. D., Nat. Sc. D., Professor of Chemistry in the University of Tübingen. Translated from the Eighth German Edition, with Additions, by IRA REMSEN, M.D., Ph.D., Professor of Chemistry and Physics in Williams' College, Massachusetts. London: Trübner & Co. 1873.—The last three German editions of Wöhler's well-known book have been prepared by Professor Fittig, who has shown great

judgment and skill in the difficult task of adapting the work to the altered views of chemical constitution and chemical change which the discoveries of the last few years have produced. The recent development of the doctrine of atomicity, and a closer study of the phenomena of isomerism, have rendered the formulæ even of ten years ago insufficient; and the result has been the introduction of a new system of notation which possesses sufficient elasticity to meet the new requirements of the science. Hence the "constitutional formulæ" which crowd the pages of the chemical journals of the present day; brimful of instruction and suggestion to the initiated, but productive of disgust and despair to other readers. Complex as they are, we cannot do without them. The formula $C_4H_{10}O$ did very well for butyl alcohol as long as only one was known; but now that we are acquainted with four varieties, all having the same composition, we are compelled to use formulæ capable of exhibiting their known differences of constitution. Without destroying the simple and practical character of the book, the German editor has introduced and elucidated these formulæ, and the theories of which they are the expressions. The elucidations, it is true, might with advantage have been a little fuller; and the American translator has done wisely in prefixing a short introductory chapter. But altogether the book is so good and so clearly written that we are little disposed to pick out blemishes.

Observations on the Shape of the Chest in cases of Hypertrophy of the Heart. By NORMAN MOORE, M.A., M.B. pp. 32. London: Bradbury. 1873.—In this thesis the author, a rising St. Bartholomew's student, describes the results he has obtained by taking traces of the chest by means of a very simple cyrtometer, invented by Dr. Gee. It is made of two pieces of fine pewter pipe joined by two inches of caoutchouc tubing. The free ends of the tubing are brought round the chest, and can be accurately moulded to its form. The hinge formed by the caoutchouc permits the two halves to be removed without altering their curvature, and they can then be laid upon paper and an exact tracing obtained. The instrument is extremely inexpensive, costing only sixpence. All the outlines are taken at the level of the sterno-xiphoid joint whilst the patient places his hands upon the crown of his head, and the antero-diameter of the chest is taken with a pair of callipers, which prevents any error that the trifling elasticity of the hinge might cause. The outline of the well-formed male chest approaches an ellipse, the transverse diameter being the longest, in the proportion of about 100 to 75 (12½ in. to 9⅜ in.). Dr. Moore proceeds to show that certain morbid conditions of its viscera cause alteration in the shape of the chest. The chief diseases producing alteration are catarrh, pneumonia, phthisis, emphysema, pleurisy, and aneurism. A good field for work appears to be opened up here, and we trust Dr. Moore will follow it out.

The Dangers of Chloroform and the Safety and Efficiency of Ether as an Agent in securing the avoidance of Pain in Surgical Operations. By T. MORGAN, M.D., F.R.C.S. London: Baillière, Tindall, and Cox. 1872.—Dr. Morgan has invented an ether inhaler, a fact which the reader of this monograph should bear in mind. A description of this inhaler is given at page 44, and on the last page is a picture of it, but the pictorial and verbal explanation together only serve to give the reader the vaguest possible notion of its construction or *modus operandi*. Beyond this the book contains no new fact; but the author, by a plentiful use of italics and capitals, has managed to bring old facts into prominence. By comparing the statistics of ether and chloroform inhalation collected by Dr. Andrews of Chicago and Dr. Richardson of London, Dr. Morgan shows that "chloroform is eight times more dangerous than ether," a fact of which the reader is constantly reminded by the methods above indicated. Dr. Morgan has not endeavoured apparently to hold the balance between chloroform and ether. In the one he can see no virtues; in the other he is unable to discern a vice. The monograph reads like the address of some counsel speaking in defence of ether before a common jury. It does not, as we opine all such monographs should, in the least resemble the summing up of a learned judge; and in places there is such a tendency towards exaggerated statement that the force of the author's arguments is very much diminished in the mind of a careful reader. We hope, when next Dr. Morgan sends his thoughts to the publisher, that he will cultivate a style more scientific and less sensational.

A Literal Translation of the Eclogues and Georgics of Virgil, with a running Analysis. By H. MUSGRAVE WILKINS, M.A., Fellow of Merton College, Oxford. London: Longmans.—"Those," says the late Professor Conington, "who acquire the classical languages with little or no help from masters are probably an increasing class"; and mainly, we venture to say, from the improved manuals and methods by which the acquisition can be effected. With a good grammar, compiled on philosophical principles, like those of Kennedy or Roby, accompanied by such exercises as those of Mr. Musgrave Wilkins, a fair working knowledge of Latin can be attained; while, at this stage, the use of a literal translation, read *pari passu* with the original, will enable the learner to glide imperceptibly, so to speak, into independent construing. As an auxiliary to learners of this class the present volume will be found highly effective. The translation, while reflecting the original with almost photographic fidelity, is so set in a frame of analysis and notes as to bring out vividly all the details that contribute to the *ensemble*. Apart from its educational value, we recommend his work to the profession, with whom Virgil, particularly as the poet of nature and her laws, has ever been a favourite.

Notes on the Old Crosses of Gloucestershire. By CHARLES POOLEY, F.S.A. London: Longmans, Green, and Co.—Mr. Pooley has found time, amid the multifarious duties of a country medical practice, to gratify his taste for antiquarian research, and the present book contains the results of his investigation into the history of the ancient crosses which, in spite of the iconoclasm and vandalism of the seventeenth century, are still found in Gloucestershire. Although the amount of historical lore elucidated in connexion with the crosses is but small, the author has done his work carefully and well in rescuing from oblivion the records of these memorials of the past—relics hoary with age, but, like the "doddered oak," still defying the storms of time. The book is handsomely got up, and will form a valuable addition to every Gloucestershire library.

THE NON-IDENTITY OF VARICELLA AND SMALL-POX.—In an article published on the above subject in the *Allg. Wiener Med. Zeit.* (No. 7, 1873), Dr. Fleischmann states that varicella is a distinct disease from small-pox, and adduces various clinical and experimental proofs in support of this view. Among the clinical arguments are the following:—Vaccination exerts no influence on the development of varicella; varicella attacks equally vaccinated and non-vaccinated subjects; recent varicella does not preserve from small-pox; varicella never gives small-pox, but true varicella through contagion. The experimental proofs may be summed up thus:—Inoculation of varicella produces neither variola nor varioloid; inoculation of varicella generally presents a negative result in vaccinated and non-vaccinated subjects; in some exceptional cases true varicella has been produced; the local results in secondary inoculation of variola are negative; the pustules of varicella cannot be considered as conveying contagion in the same manner as the pustules of variola.

THE LANCET.

LONDON: SATURDAY, MARCH 29, 1873.

WHAT may be the clarifying effect of discussion on the mind of the General Medical Council as to the Conjoint Boards Scheme we cannot presume to say, but anything more unsatisfactory than the look of this question on the first day of the meeting cannot be imagined. The President reviewed, in a significantly cursory way, the work done since the last meeting of the Council. Nothing could be more meagre than his report. The English bodies concerned had, it is true, been diligent. But the English bodies not included were the University of London and the Apothecaries' Company; and the legislative steps to be taken in order to enable them to fall into the scheme were still not taken. The Scotch bodies were spoken of as having different opinions on the subject, the University of Aberdeen being honourably mentioned as having views more in harmony with those of the English bodies than any other of the Scotch licensing bodies. The scheme of the Irish bodies was better than any, inasmuch as it included a cognisance of general as well as medical education. But it had the adherence of only three out of five of the Irish licensing authorities. Dr. PAGET, indeed, maintained that, though the work done in the matter was piecemeal work, yet it indicated progress; but by the end of Wednesday's discussion he must have been disabused of the idea that progress had been made.

The obstructions to the formation of complete schemes are of a twofold character, existing either in the disposition or views of the bodies themselves, or in the nature of the Charters or Acts of Parliament in virtue of which they act. Only the Scotch bodies are chargeable with an abstract dislike of Conjoint Boards. Each of them, excepting the University of St. Andrews, has a considerable interest in the retention of the licensing power. At any rate, they confer a large number of qualifications in the year, many of which, it is supposed, would be superseded by the establishment of a Conjoint Board. But these bodies do not profess to oppose the wishes of the Council and the profession for Conjoint Boards on any ground of mere self-interest. They have convinced themselves that a dull, low uniformity would be the result of the unifying of the licensing authorities. The degrading effect of competition among licensing authorities is denied or overlooked; and the public is called upon to maintain the existing system as involving a healthy variety and rivalry. The actual working of nineteen competing licensing bodies is too obvious and too much a matter of experience to admit of discussion. The system has been condemned, and must be somehow or other destroyed—the more so as the diplomas granted, with two or three exceptions, are mere partial qualifications.

*** But the discussion of Wednesday, though in our opinion desultory and irregular, threw considerable light on other difficulties in the way of establishing Conjoint Boards. The English bodies, to their credit, are ready to sink their individual licensing functions and to join together to make one board for England. But legal difficulties, as is well known, have prevented the University of London and the Apothecaries' Society from joining the board. It is said that where there is a will there is a way. This is true of almost every thing but legislation. Here, on the part of the bodies concerned, there is a will, but the remarkable disclosures of Dr. STORRAR prove that, up to this time, no way has been discovered to empower the London University and the Apothecaries' Company to join the other English examining authorities in forming a Conjoint Board, though without their adherence the scheme will be very incomplete. All they want is a little enabling Act to allow them to fall in with the conjoint schemes. But our law-makers, after twelve months' delay, refuse to give this Act. It was this refusal, expressed formally in a letter from the Lord President to the Apothecaries' Society, which gave rise to some very animated remarks on Wednesday. As regards the London University, having several Cabinet Ministers and members of the Medical Council in its Senate, the failure to get an enabling Act has been equally complete, notwithstanding that it was long ago promised by the Home Secretary, and afterwards by the Solicitor-General. We refer our readers to Dr. STORRAR'S remarkable narrative for further information as to the reasons alleged by Ministers for refusing so small a gift as an enabling Act. The answer given to the Apothecaries is that the Lord President is of the same mind as in 1870, unwilling to bring forward an Act which would not do the whole business needing to be done. Dr. STORRAR'S account of his conversation with "a prominent member of the Council of the College of Surgeons" would seem to show that there is some jealousy between different departments of the Government as to the work of preparing the enabling Act, though his version of a conversation with Mr. FORSTER seems to indicate that the Government has some deeper difficulties in connexion with this subject than it had in 1870, and fears to put complete examining powers into one Board without more minutely defining and limiting its authority. Some of the members of the Council—conspicuously Dr. ACLAND and Sir WM. GULL—show not unreasonable signs of unwillingness to be much longer parties to a system of delay and disappointment which is bringing great discredit on the Council. These gentlemen seemed to feel that to be asked to leave urgent duties to do the work of the Council, and then to have the slightest assistance from the Government refused, was very serious. Dr. ACLAND said "If we are to be bandied about in this way we had better resign our seats." Sir WM. GULL boldly said he would not attend the Council on these terms. "If we have a duty to do, let us do it; if we have none, let us disperse,"—were words of warmth, but not much in excess of the requirements of the case. The existence of nineteen licensing bodies is a scandal that ought to cease and determine. The indifference of Parliament and the interest in the present state of things of various licensing bodies may delay change for some time to come; but the more independent section of the Council should act boldly, and by so acting the Council would gain, what it much needs,

the respect of the profession. It is an ignoble position for the Council to come together year after year to create Boards and never to come near doing it. For our parts we shall expect nothing more from this Council if it rises without bringing this question to a crisis.

THERE certainly never was a stranger piece of history, in a small way, than the story of the Conjoint Examination Scheme, the Committee of Reference, and the way in which that Committee has been dealt with by the authorities of the College of Physicians. In the remarks which we are now compelled to make we entirely deprecate the idea that we are actuated by any unfriendly feeling either towards individuals or towards the general principle of a conjoint scheme. The latter we do, indeed, merely regard as a possible step towards something better—namely, a one-portal State Examination system; but we are willing enough to accept it as a step, were it only made with decent prudence and fairness. Nor do we attribute any conscious bad faith to those persons by whose agency the affair has been brought into its present remarkable position; but there has been extraordinary blundering and confusion, and there is an amazing inability to appreciate the serious nature of the situation.

We will try to make a long story as short as may be: for we should be very sorry indeed if our tediousness prevented our readers from reading to the end.

It is known that the Colleges of Physicians and Surgeons and the Universities of England have projected a scheme of conjoined examinations by which they hoped, in the end, to draw all, or the greater part, of the candidates for licences to practise through one portal, which should secure a sufficient minimum qualification. A conjoint committee of the co-operating bodies projected a "scheme," of which a most essential part was the creation of a representative "Committee of Reference," which was to act as the executive of the co-operating bodies. The history of the establishment of this Committee is remarkable. The idea of such a committee emanated altogether from Dr. QUAIN, whose experience on the Senate of the University of London had shown him the absolute necessity of having a small body of men to work out the details of examination-schemes. The University has such a "Committee of Reference on Examinations," whose duty it is to suggest to the Senate, for their consideration, what those details should be; in short, to act as a mere executive for this particular branch. Strange to say, it was at first with the greatest difficulty that the representatives of the examining bodies could be induced to allow the constitution of such a Committee; however, in the end, it was appointed. Oxford is represented by Drs. ACLAND and ROLLESTON; Cambridge by Professors PAGET and HUMPHRY; Durham by Mr. PHILIPSON and Dr. HEATH; the College of Physicians by Drs. BARCLAY, WEST, PITMAN, and RISDON BENNETT; and the College of Surgeons by Sir W. FERGUSSON, Sir JAMES PAGET, Mr. QUAIN, and Mr. BUSK. Now comes the important part of the matter. No sooner did the Committee of Reference get fairly to work than the representatives upon it of the College of Physicians began to adopt a most surprising tone of authority. The co-operating bodies had sanctioned a general scheme of directions for the guidance of the Committee of Reference, which limited their functions quite strictly, as those of a mere executive answerable to the respective corporations for all they did, and bound to concern themselves only with carrying out in detail principles approved by those corporations. Instead of this, it is now asserted by the representatives of Pall-mall East that the Committee of Reference is a sovereign authority, with whose edicts the Fellows of the College of Physicians have no right to interfere in the smallest degree, since the College has delegated all its powers in the matter of examinations to the Committee, so long, at least, as the latter body does not openly and literally violate some injunction laid down in the "scheme." This was the position assumed in the most decided manner by Drs. RISDON BENNETT, SIBSON, and WEST at the Comitia Majora on Saturday last. It was a comparatively small meeting, for no one except those behind the scenes had supposed that any specially important business was impending. To the surprise of the majority of Fellows present, the Report of the Committee of Reference (which we have already analysed) was not merely "received," as the notice-paper had led the Fellows to expect, but it was at once moved by Dr. BENNETT and seconded by Sir W. GULL, that the Report be "received and adopted." Here, then, was the opportunity which (it had been distinctly stated at a previous meeting) would occur for the full and fair discussion of the plans proposed by the Committee of Reference. Taken thus by surprise, the few liberal Fellows present nevertheless did their best to secure a genuine discussion; but the members of the Committee of Reference stoutly maintained that the College had no power to discuss any part of the report except those points in which it suggested a departure from the lines traced in the original "scheme." It was quite plain that even some of the College officials had not been aware that so presumptuous a tone would be adopted by the Committee of Reference, for Sir W. GULL said, in answer to some of the earlier queries of the junior Fellows, that all acts of the Committee were "subject to the approval of the College," and he was, in fact, only quoting the words of the scheme. But Sir W. GULL was abruptly stopped and corrected by the members of the Committee of Reference, who stated plainly that such interference could not be allowed, or the working of the Conjoint Scheme would be fatally hampered; and that the most that could be conceded was that if the College thought at any time that any gross and dangerous violation of the spirit of the scheme had been committed, it could request the Committee to reconsider that particular subject. Not to waste further time, Dr. QUAIN proposed, and Dr. ANSTIE seconded, an amendment pointing to matters in which the Committee had exceeded even the despotic powers thus claimed for them:—"That in the opinion of the College it is desirable that the attention of the Committee be directed to the desirability of reconsidering the question of special examiners in medical jurisprudence, in accordance with the scheme proposed by the licensing bodies, and approved by the General Medical Council." It was acknowledged by Dr. BENNETT that, in relegating "for the present" the examinations in forensic medicine to

the several examiners in medicine, chemistry, and physiology, the original scheme was departed from, and it was strenuously urged by Dr. QUAIN and Dr. ANSTIE that the removal of medical jurisprudence from the list of special subjects was a most dangerous step, and could not fail to foster that indifference to the principles of evidence which makes the testimony of medical men in courts of justice so constantly a byword and a mockery. It was of no use. The seniors were in a majority, the amendment was lost, and the report of the Committee adopted in its entirety.

It cannot fail to be quickly seen how monstrous is the position in which the corporations have placed themselves and the profession by tacitly allowing the Committee of Reference to assume this kind of despotic authority. When THE LANCET scheme for a one-portal minimum examination was proposed, these very members of the Committee were the first to exclaim against its excessive tendency to centralisation. But the position now assumed by these gentlemen involves a concentration of absolute power in far fewer hands than THE LANCET scheme proposed, and without one of the checks or safeguards which it suggested. We intend no disrespect to the worthy persons who at present compose the Committee of Reference when we say that it would be perfectly absurd to speak of them generally as representing the advanced medical knowledge of the day, or as competent to lay down the principles of an examination which shall secure that some portion of this knowledge shall be diffused over the whole profession even down to its humbler members. Their incompetence is already proved by the retrograde step which they have taken in regard to forensic medicine; and they were about to have committed an even greater solecism in splitting up physiology into small fragments of anatomy and chemistry respectively had not they been arrested by an indignant protest from such men as BURDON-SANDERSON, BEALE, PAVY, &c.

There are still opportunities open to the liberal Fellows of the College of Physicians to make a strenuous effort to prevent the profession from being saddled with the incubus of a despotic Committee of Reference, necessarily composed, in the main, of men whose medical science is of the past. One very serious matter was pointed out by Dr. QUAIN—that the Committee evidently intend to assume to themselves that most important constitutional function, *the power of the purse*. It is evident that, at no very distant date, the Committee will submit a report to the licensing bodies, in which they will propose the payment of large sums of money to examiners. We trust that the liberal Fellows will by that time have organised a most determined opposition to that view of the powers of the Committee of Reference which it is now attempted to force down their throats. A body so small, so packed with the mere seniors of the profession, which has committed the intellectual solecisms already mentioned, and which, finally, is so incredibly blind to the necessities of the times as to have taken no notice whatever in their educational programme of the subject of Hygiene (!) is entirely unworthy of the authority which it is attempting to assume.

THE great contest that will be fought out this day (Saturday) on the tranquil waters of the Thames has so many physiological bearings, and its effects have been so frequently the subject of debate, that we may well be excused for offering a few observations on the influence of such athletic exercises on the mental and bodily health of the competitors.

In all ages and by every nation, vigorous physical exertion has been recognised as essential to the maintenance of health. By the savage it cannot be overlooked, for upon his energy, activity, and endurance—in other words, upon his training—his daily supply of food, and by consequence his very existence, depend; whilst amongst more civilised nations it early comes to be recognised that neglect of due exercise of the body rapidly leads to deterioration of the race, so that those who are compelled to pursue sedentary occupations not only themselves become feeble, nerveless, and effeminate, but constitute the sires of a decrepit and degenerate progeny—such a race, in fact, as forms, alas! only too large a proportion of the denizens of our manufacturing towns. To guard against this tendency as population increased, the great nations of antiquity instituted games and prizes for contests, in the training for which the finest physical development, the most perfect symmetry of which the human frame is capable, was called forth. Nor were the effects of the wise and far-sighted system of education pursued in their gymnasia limited to the production of consummate beauty of the outward form and make of the body alone, but the brain, partaking in the general improvement, ripened into maturity, and produced races of men whose accomplished works in art, in literature, and in war have never yet been surpassed.

The habits and instincts of the English race have for many centuries fulfilled the same purpose as the ancient games; and there can be little question that, so long as riding, rowing, and athletics continue to be practised among us, we shall retain, that which we have long held, a leading place in physical, in moral, and in intellectual endowments among the nations of Europe.

To excel in such exercises, a regular system of training is required, involving temperance if not abstemiousness in all things, and constant practice; and it is pleasant to find, from the large body of evidence collected by Dr. MORGAN in his interesting work entitled "University Oars," that, in the opinion of all, or almost all, who have pursued rowing with more ardour than as a mere amusement, no injurious effects can be attributed to it, even when the exertions are as violent as those that will be made this day, provided only that the men have been properly trained. The information he has obtained shows that no less than twelve of the sixteen men who rowed in the first inter-university race in 1829 are still living; that the competitors in this as well as in the succeeding races have had as good an average of life as any corresponding number of Englishmen who do not row; and, lastly, that, whilst an extremely small number of men have suffered any injury from rowing, many acknowledge the benefit they have received from it in health, strength, and spirits.

No doubt there are some men who are wholly unfit to enter into any competition of the kind. The strain of all exertion falls primarily on the heart and lungs, and in a secondary degree on the brain. As soon as the muscles contract, the mechanism of the valves in the veins occasions

a quicker current and a larger volume of blood to enter the right heart, which labours to propel its contents through the capillaries of the lungs. These become surcharged with blood, and for a few moments difficulty of breathing is experienced. Soon, however, the vigorous movements of respiration introduce the due amount of oxygen, the left heart is filled, the balance between the venous and arterial circulation is restored, and the "second wind" is obtained. From this time forth the well-trained man is at ease, and his work is only limited by his nervous and muscular power. A sound constitutioned youth, with no special proclivity to disease, who begins moderately and works steadily, gaining strength in his muscles and in his heart, and capacity in his lungs, need fear no danger in a boat race. For him rowing will prove a wholesome exercise. But it is easy to see what must be the effect of such conditions in a man with unsound lungs or heart. It matters little which is at fault; the result is nearly the same. In either case, whether the heart be feeble, or the lungs, from original conformation or disease, be inadequate to transmit the volume of blood forced into them by a vigorous heart, the first active movements gorge the right cardiac cavities, and, as these cannot discharge their contents, the entire venous system feels the effects, and lividity of the surface and general distress are the immediate consequences—consequences that, if the effort be persisted in, may easily lead to cardiac dilatation and its attendant evils, or, in an extreme case, to rupture of the walls of the heart or to cerebral hæmorrhage; or, on the other hand, should the lungs be very seriously affected and the heart possess fair energy, to pulmonary hæmorrhage. It is pretty certain, however, that, in most instances, the weak point, even without medical advice, is early recognised; and the intending competitor is advised to withdraw or has licence to retire before any real harm is done.

One word upon overtraining. When men break down, the conclusion may be drawn that the relations between food and work have not been properly adjusted. The food may have been insufficient in quantity or improper in quality, or have been imperfectly digested; or the work itself may have been too violent or too protracted to permit the repair of the wasted tissue. In general, perhaps, the last is the real cause; and many a man would probably do more and better work were he allowed an interval of a day for recruiting his exhausted energies. The advice of many old oarsmen might also be borne in mind, that growth should be completed before entering on any severe contest.

Medical Annotations.

"Ne quid nimis."

THE LONDON HOSPITAL.

AN appeal on behalf of a great metropolitan charity like the London Hospital is deserving of all support, and the London Hospital is so peculiarly situated that it requires special exertions like those recently made at the Mansion House, under the auspices of the Lord Mayor, to keep it before the public. Situated at the far east-end of London, the hospital enjoys none of the advantages which come from wealthy and aristocratic surroundings, and at the same time its proximity to the docks and to the great manufactories of the East-end makes it the great receptacle for sufferers from frightful accidents, to say nothing of the diseases of the neighbouring population. The proposition to build and endow a new wing is one which well deserves public support, and we would urge upon the profession to lay the claims of this and other large general hospitals before their wealthy patients and friends as objects in every way worthy of that benevolence which too often, unfortunately, is frittered away on unworthy objects both medical and social.

SMALL-POX IN THE DOCKS.

THE necessity that exists for some systematic sanitary supervision of the port of London is being constantly exemplified. It appears that an Italian vessel arrived in the river on Monday, the 10th inst., with small-pox on board, and hauled into the London Dock. Up to Saturday of the same week the patient had not been removed, although the vessel was lying at the South Quay, in a crowded part, and her crew, fifteen all told, were living on board, most of them being berthed in the same compartment with the sick man. Since the Public Health Act came into operation, several cases of this kind have occurred, one of which was reported in *The Times* of Sept. 17th last, and another on the 25th of last month, and it is impossible to say how many more have escaped public attention. A vessel moored in one of our most crowded docks, situated in a very populous East-end quarter, and occupied by small-pox cases, must of course form a most complete focus of infection. Custom-house officers, wharfingers, dock officers, and labourers, ships' agents and clerks, and many other persons, are in constant communication with a ship when she is discharging cargo, and any of these may of course "catch" the disease, or carry it into the metropolis. It is not at all likely that this very unsatisfactory incident could have occurred if the sanitary authority of the port of London had established any inspectorial staff on the river. But there is, up to the present time, no sanitary supervision of the port, and no directions have been given at the docks or elsewhere for the prevention of the spread of epidemic diseases. So that, as matters now stand, any contagious malady may be brought directly into London by its waterway, because that waterway and the docks abutting on it form the only district of the metropolis entirely destitute of all sanitary control.

TEMPERATURE IN PYÆMIA.

MR. W. W. WAGSTAFFE, the resident assistant-surgeon and joint lecturer on anatomy at St. Thomas's Hospital, continues to present us with the results of his temperature-observations in surgical cases, in the recently published volume of the Hospital Reports. In his present paper he enters upon the subject of the body temperature in pyæmia, about which very little is at present known. There is the report of a case, with a chart of thermometrical observations, in the seventeenth volume of Guy's Hospital Reports. The paper is well worth studying as a whole. Pyæmia is usually made evident by a sudden and severe rigor, and coincident with the rigor is a sudden rise in temperature of from 2° to 6° Fahr. Before the first rigor occurs there occasionally happen certain peculiarities in the state of the temperature which are worthy of attention. There may be sudden variations of temperature without rigors, and these marked variations appear to be more significant than a persistent, though it may be an extremely high, temperature. One feature of the variations during the progress of pyæmia seems to be that the temperature usually falls to

the normal, or below it, as suddenly as it rises to its great height; and the maxima correspond with the period of rigors, while the minima correspond with the time between them. These variations are not, however, by any means always found. A class of cases in which the temperature does not show the wonderful ranges common to the ordinary forms of pyæmia includes diseases such as asthenic cellulitis, putrid infection, gangrene, and allied conditions. The rigor of pyæmia is usually preceded by a fall in temperature, but upon its occurrence the temperature rapidly rises, and this continues for a variable time after the rigor has disappeared. An excessively low fall is often seen before approaching death; but the temperature at or near the time of death differs considerably in different cases; in the larger proportion it is high. The height of the temperature is not, however, diagnostic of pyæmia. Mr. Wagstaffe has recorded in two examples of pyæmia a temperature as high as 110°; but in a case of fractured spine the thermometer registered nearly 109° before death; and another case of a doubtful character reached 108°, and recovered. The variations furnish a marked feature in a disease allied to pyæmia in its pathology—namely, phlebitis. Still in no case that Mr. Wagstaffe has had the opportunity of examining has the temperature fallen so low between the great rises as in pyæmia, and he thinks that this peculiarity is a point which demands attention in the examination of cases of pyæmic infection in future. Until we obtain further information, we may accept as a suggestion that where sudden and great variations in temperature occur, the maxima reaching from 102° to 110°, and the minima going below 99°, or occasionally 100°, with, or at first without, rigors, pyæmia is indicated.

THE DERBYSHIRE INFIRMARY.

WE learn from the *Derby Mercury* that the condition and management of the County Infirmary, especially as regards expenditure, have for some time been such as to be a source of anxiety to many of its supporters, and it seems that a Committee of the Weekly Board, appointed to inquire into any errors that might exist, reported in a manner that has induced Miss Probyn, the lady superintendent of the institution, to demand a more extended inquiry. We have not the Report of the Committee before us, and cannot, therefore, determine how far it may be an endeavour, after the manner of committees, to make Miss Probyn a scapegoat for sins for which she is in no way responsible. Still, from a certain amount of collateral evidence, we gather that it admits of being so regarded, and we congratulate Miss Probyn, of whose efficiency within the limits of her proper duties we have heard very high testimony, upon the attitude which she has assumed in the matter. A very large adjourned meeting of governors was held at the infirmary on the 17th inst., and a letter was read from the President, Mr. Alsop, recommending a searching inquiry, and offering to contribute £100 towards the cost. It seems that, at some former period, the infirmary was under the governance of a master and matron, whose social status may perhaps be gathered from the fact that some of the speakers described them as "a man and his wife," and that, doubtless for good and sufficient reasons, it was deemed expedient to alter this system. In lieu of the "man and his wife," a lady superintendent of nurses was obtained, and we gather that upon this lady there devolved not only her own proper duties, but also those of the "master and matron" aforesaid. Since the change, but not therefore necessarily on account of it, the consumption of meat per head in the infirmary has steadily increased, and this increase, together with the general rise in prices with which all who keep house are familiar, has operated prejudicially upon the financial position of the charity. Certain malcontents among the governors allege that the rate of mortality has risen *pari passu* with the increase in the consumption of provisions, but the medical staff declare that the increased mortality has been due to the admission of a more serious class of cases, and especially to a local epidemic of small-pox, while the mortality after surgical operations has been very small indeed (only five deaths in sixty-five cases). They also remark that the state of the hospital has been greatly altered for the better under the new plan of management. The existing discontents, however, have plainly reached a point at which inaction is no longer possible, and at the meeting referred to, a Mr. Barber moved that the "master and matron" system should be reverted to. He was met by an amendment, proposed by Mr. Leech:—

"That in the opinion of this meeting it is desirable to appoint a special committee, to consist of the following governors, to inquire into the past and present mode of administration and management of this institution, and that such committee be empowered to call in the aid of an eminent and thoroughly skilful person as a professional expert for the purpose of examination and recommendation, and that his views and those of the committee be embodied in a report to be placed before the governors at the next or a subsequent quarterly meeting; the committee to consist of the following:—Lord Vernon, Sir Henry Wilmot, the Rev. Canon Anson, the Rev. M. H. Scott, Mr. Bradshaw, jun., Mr. N. C. Curzon, Mr. W. J. Smith, Mr. R. A. R. Jones, and Mr. S. Leech."

A reverend gentleman named Scott, who said he "rose as a peacemaker," dissented from both propositions—and in a spirit of genuine Micawberism thought that things would come round if they were only let alone. He suggested as the true remedy that the "officers of the infirmary should have a jolly supper together," but he did not make any suggestion as to the sources whence the funds for this supper were to be derived, nor as to the mode of enforcing "jollity" thereat. His proposal seems to have fallen through for want of a seconder; and the amendment was carried by 42 votes against 36. We therefore refrain from commenting upon the statements about the present and past state of the infirmary made by the several speakers on either side, and postpone our conclusions until we are in possession of a report that seems likely to be at once complete and impartial.

We cannot avoid remarking, however, that the lady superintendent of a considerable infirmary has quite enough to do with the superintendence of the nurses and the nursing, and that she ought to be relieved of all duties that properly appertain to a "matron." The superintendence of nursing is a profession requiring much skill and knowledge of a kind only to be acquired by special training, much acquaintance with human nature, infinite tact, a very clear perception of when it is necessary to be sharp-sighted and when it is best to be a little blind, and, finally, that innate power to rule which can scarcely ever be acquired by any who do not naturally possess it. The prevention of kitchen waste, the giving leave of absence to the scullery maids, and the supervision of the laundry and the linen room, are within the compass of any decent woman who has common sense, who can write and cast accounts, and who has occupied a position which entitled her to keep a servant of her own. In a large hospital, however, there are many matters which need the presence of a responsible man; and it strikes us that the Derby difficulties would probably be best surmounted by obtaining a steward and stewardess to look after household matters and domestic servants, leaving Miss Probyn to be supreme in her own department. If, after all, it should be found that the patients consume more food than formerly, and if the medical staff approve

of the increased consumption, there will only be two alternatives before the subscribers. Either a certain number of beds must be closed, or the county must make up its mind to support the institution with greater liberality than heretofore.

REGISTRATION OF STILL-BIRTHS.

A CORRESPONDENT who, from the interest he has taken in the subject, is likely to be well informed, acquaints us that the Bill of the Government for the amendment of the Registration Acts, understood to be in preparation by the President of the Local Government Board for speedy introduction in the House of Lords, will contain no provision for the registration of still-births. Now the Bill of last session, for which Mr. Stansfeld was responsible, though it did not provide for the registration of still-births, contained a clause requiring certain things to be done in regard to the burial of still-born children, with the view of putting some sort of check upon those facilities for burial which have hitherto, it is believed, tended greatly to diminish the chances of discovery in cases of infanticide. We may, of course, be misinformed, but our impression is that this clause was either prepared or at least entirely approved by the Registrar-General; and if it is not to appear in the Bill of this year, we are inclined to think that the responsibility of its omission will not rest with him. We could have understood the meaning of a decision to substitute a clause of a much more comprehensive character, but it is inexplicable to us on what ground the whole question of still-births is to be altogether ignored in the Bill, as our correspondent implies it will be. It is, unfortunately, the fact that the number of members of Parliament who take enough interest in, and have sufficient knowledge of, this and kindred subjects to compel the attention of a Minister, is practically so limited that the Government of the day can do just what it likes. If Mr. Stansfeld were to rise from the Treasury bench and propose to sweep away the whole system of civil registration, we fear that it would have to go for lack of support adequate to a Ministerial defeat on such a question. For the same reason, until he can be induced to propose the registration of still-births, we must look upon its attainment as hopeless. And he has not shown himself particularly amenable to medical or scientific influence thus far in his official career.

DIGEST OF THE LAST ENGLISH CENSUS.

IF our circulating libraries were compelled to issue official literature of the blue-book type to their subscribers, there would soon be an end of such institutions altogether. The products of official minds, of home and exotic origin, cause our library table to groan after a fashion that would defy even Mr. Home's attempts at levitation, to say nothing of their effect on our spirits. Really good and interesting materials are to be discovered no doubt, but they are like fossils in rocks, hit upon by accident, or revealed as the reward of toil, and after much expenditure of time. And very different meanings are to be attached to the word time, as it is used in an ordinary or in a geological sense. It was a vague idea of time in the latter sense that arose in our minds as we gazed upon the official returns of the recent census published in two folio volumes of 614 and 576 pages respectively. There cannot be two opinions about the magnitude and the importance of this periodical stock-taking every ten years. Without something of the kind, the political affairs of the country, and the manifold problems involved in its social organisation, would rest on no more substantial basis than that of conjectural approximation.

We feel, however, that we require to be presented with the broad general results without undergoing the labour of wading through a mass of details in search of them. And Mr. James Lewis, of the Registrar-General's Department, by the exercise of considerable powers of analysis and an infinity of labour, has succeeded in embodying all the leading and more valuable facts contained in the 1190 pages of the two official folios in a Digest, as a cheap compact volume of 200 pages, published by Stanford of Charing-cross, which contains all that we require to know. Mr. Lewis has arranged his tabular matter in three sections. The first consists of a series of summary tables, in which, amongst other things, the statistics of population, of Parliamentary representation, of the value of property, and of the degree of education in the several counties, are given in a form admitting of ready comparison one with another, as well as a statement of the population in every city, borough town, and urban sanitary district, alphabetically arranged, and a description of the manner in which the several dioceses are constituted. The second division contains a series of tables giving a complete view of the manner in which the country is mapped out for registration and Poor-law purposes, the population of every parish or place in the several registration districts or unions being stated. And the third part is an alphabetical arrangement of counties, showing how each county is subdivided for administrative purposes, the value of property, the population of its chief towns, and the distribution of its population as regards county and borough representation. Mr. Lewis has in reality extracted all the valuable and useful material from the official mine, and arranged it ready for everybody's purpose. The information is just what is required by a large number of people, and the figures and facts, the author believes, may be entirely depended on for their fidelity to the official returns. Only a rapid and extensive sale, which the volume well deserves, can repay the author and publishers for the labour and expense they have incurred.

RIVERS POLLUTION COMMISSION.

THE estimate for the expenses of this Commission during the year 1873-4 is £3000, as compared with £4000 in 1872-3. From a statement by the Secretary, it appears that the fifth report of the Commissioners may be soon looked for, and that it will have reference to the forms of river pollution caused by mining industries, by metal works, by collieries, and by porcelain and other clay works. The sixth and final report will relate to water-supply for domestic purposes. It will comprehend analyses of the potable waters supplied to all the towns and districts visited, and the results of such evidence as can be obtained relative to the general level of the water-springs, and the variation of that level under different conditions. The labours of the Commission will terminate with the issue of this report, probably some time within the next twelve months.

THE ADULTERATION ACT.

THE working of the Adulteration Act is being tested in the metropolis, and, as was very naturally anticipated, the result shows at all events that the necessity for some legislative enactments on this head has not been exaggerated. Dr. Pavy, analyst for the sanitary district of St. Luke's, has recently examined some specimens of tea, including one sample of so-called "capital mixture, 8d. per pound," and another of a "noted mixture at 1s. per pound," and found in these samples iron filings and clippings, gritty matter, foreign stalks, and small fragments of wood. A prosecution was instituted, and the tea dealer was summoned before Mr. Barker, the Clerkenwell magistrate, who easily detected the iron filings by the aid of a magnet. This and other cases were, however, adjourned for magisterial consideration;

for, as has been often anticipated, questions were raised—(1) as to whether an addition to an article necessarily constituted an adulteration of it; and (2) whether the article was so adulterated as to be injurious to the person eating or drinking it. We again foretell that these questions will continually arise, and that the Act will not be found fairly workable until the term "adulteration" is simply and clearly defined, and until the work of the inspector is performed in a less complicated manner. For as things are at present, he is entrusted with too much responsibility, which may be used or abused at discretion.

THE FIFTEENTH YEAR OF THE MEDICAL COUNCIL.

IN October next the Medical Act will have been in operation for a period of fifteen years. At that time also the term of office of the majority of the Council will expire. Not a few of the bodies seem to have been well content with their representatives, if we may judge from the fact that they have been represented throughout this long period by the same gentlemen. Amongst the bodies which have not changed their representative in fifteen years are the University of Oxford, the University of London, the Royal College of Surgeons of Edinburgh, the Royal College of Physicians of Edinburgh, the King and Queen's College of Physicians in Ireland, the University of Dublin, the Apothecaries' Hall, Dublin, and the Queen's University in Ireland. In the case of four of the six Crown representatives, the term for which they were elected will also shortly expire—viz.: Dr. Parkes, Sir R. Christison, Dr. Quain, and Dr. Stokes. It would be a moderate computation to say that in these fifteen years the Council has received from the profession a sum of at least £100,000, two-thirds of which it has spent chiefly on itself. Let us hope that the new start about to be given by a sort of general election will witness a determination to do more for the profession, and less for the corporations.

DEATH OF MR. PARTRIDGE, F.R.S.

THE death of this well-known and highly esteemed gentleman took place on Tuesday, the 25th inst., and was announced at the meeting of the Council of the College of Surgeons the same afternoon, when a vote of condolence with Mrs. Partridge and her family was unanimously passed. In another column we give some details of Mr. Partridge's life; it will be sufficient here to say that he was much and deservedly beloved by all who knew him, that he was a popular and successful teacher of anatomy both at King's College and the Royal Academy of Arts, and that, though not a great surgeon, he was assiduous in his attention to and care of his patients. Mr. Partridge's period of office at the Royal Academy had just expired, but his death renders vacant the Professorship of Anatomy in King's College, which he had held since 1836, and also leaves a vacancy in the Court of Examiners of the College of Surgeons, which will probably not be filled up at present.

DISTRIBUTION OF ALKALOIDS IN CHINCHONA BARKS.

THERE are, it appears, two diametrically opposed views in respect of the distribution of the alkaloids in the chinchona barks: M. Weddell maintaining that the Chinchona calisaya is the bark richest in quinine; and experience teaches us that the barks which next to calisaya contain most quinine are precisely those of which the epidermis is removed from the liber by the successive exfoliation of the outer coats, or at least by their junction to the epiderm. On the other hand, it is known that the grey chinchonas, which are principally the young barks of other species, contain a much larger proportion of chinchonine than of quinine; this also occurs in old barks that have retained the cellular envelope of their earlier age. Hence, says Mr. Carles, in an interesting paper in the *Pharmaceutical Journal* (Feb. 15th, 1873), M. Weddell concluded that quinine had by preference its seat in the liber, or, to speak more correctly, in the cellular tissue interposed between the liber fibres. Now, in opposition to these statements, which are to some extent hypothetical, Mr. Howard made various analyses of barks C. lancifolia and C. succirubra which had been divided into two portions: the one exterior, consisting of the cellular layer and some cortical fibres; the other interior, consisting only of the liber layers. And from these analyses he arrived at the conclusion that the superficial layers were not only the seat of the quinine, but also contained the largest proportion of both alkaloids. M. Carl Müller has also recorded some experiments upon C. calisaya bark, the parenchyma of which he states contained 9·876 per cent. of quinine, and the liber only 2·462 per cent. M. Carles has himself carefully reinvestigated the whole subject, separating the several layers by a rasp or knife. The quinine was estimated as crystallised sulphate after heating to 100° C.; and the chinchonine and other alkaloids precipitated from the mother liquor by ammonia were weighed after desiccation at the same temperature. M. Carles gives the details of his analyses, which show that quinine exists in all parts of the bark, but in a much larger proportion in the *external* than in the *liber* layers; and analysis of the intermediate layers indicates that the proportion diminishes pretty regularly from the exterior to the interior.

COUNT BERNSTORFF.

HIS EXCELLENCY the German Ambassador died on the evening of Wednesday, the 26th inst. As our readers are aware, the operation of paracentesis abdominis had been performed upon him to give temporary relief; but the fluid made upon him steadily, though not very rapidly. Vomiting, at first slight, then constant, supervened—a symptom probably due to the congested state of the vessels of the stomach. Exhaustion was the necessary consequence. This termination was not unapprehended, as there was no rallying power. Not one of the organs could do the additional work required of it, and the bloodvessels were not in a condition rapidly to develop supplementary passages for the relief of the gorged portal system.

PRESENTATION TO MR. W. P. NICHOLS, F.R.C.S., NORWICH.

THE name of Mr. Nichols has been honourably connected with the Norfolk and Norwich Hospital for a period of twenty-two years, and it was fitting that his retirement from the position of senior surgeon should have been made the occasion for presenting him with a substantial recognition of his eminent services to the hospital and of the great respect in which he is held in the county. On the 22nd instant, Sir Samuel Bignold (the Mayor of Norwich), in the presence of a large number of the subscribers and influential gentlemen of both city and county, presented Mr. Nichols with a handsome and massive piece of plate, subscribed for by some 300 gentlemen. The subscription, which was limited to one guinea, exceeded 200 guineas; and the list is headed by H.R.H. the Prince of Wales, followed by the names of the Lord-Lieutenant of the county, the Earl of Leicester, the Duke of Wellington, and many other noblemen and M.P.'s, and last, but only least in amount, appears the poor man's half-crown. Mr. Nichols, in the course of his remarks in reply to the Mayor, said that he had not resigned his connexion with the Norfolk

and Norwich Hospital owing to any infirmity, but simply in order that other members of the profession might have an opportunity of serving that institution.

THE COLLEGE OF SURGEONS.

AT a special meeting of the Council of the College of Surgeons on Tuesday last, the Report of the Committee of Reference for an Examining Board in England, of which we gave an abstract last week, was presented and accepted after some little discussion. We have discussed the details of the scheme in connexion with the meeting of the Fellows of the Royal College of Physicians on Saturday last, and need not therefore refer to them here more particularly.

ROYAL INFIRMARY, EDINBURGH.

A FEW weeks ago we drew attention to the fact that the managers of the Edinburgh Royal Infirmary were hampered in the efficient administration of the institution by pressing financial difficulties. We now learn that the city has been divided and mapped out into districts, for the purpose of pursuing a personal and thorough canvass for subscriptions in aid of the infirmary. We sincerely hope that the collectors will succeed in overcoming the disinclination to "brak" sixpence, which is so often chronic north of the Tweed, and in procuring the necessary funds; but it would surely have been a more dignified course to have followed the example of the large English towns in establishing a Hospital Sunday for Edinburgh.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION AND THE PUBLIC HEALTH ACT.

A SPECIAL general meeting of this Association will be held at the Medical Club, 9, Spring-gardens, on Wednesday, April 9th, at 3 P.M. precisely, Dr. Lush, M.P., the President, in the chair, to consider how far the present operation of the Sanitary Act of 1872 is in accordance with the interests and future prospects of the Poor-law Medical Service and of advantage to the public, and how far it realises the expectations held out by the Bill in such respects.

DEATH CERTIFICATES AND UNQUALIFIED ASSISTANTS.

A CORRESPONDENT mentions the case of an unqualified assistant having charge of a branch practice, the principal signing certificates of death even in the case of patients whom he had never seen. This is a most objectionable use of unqualified assistants. It is to be hoped that the Bill to amend the law for registering births and deaths will make the certification of the cause of death by a registered practitioner compulsory, and the doing it by proxy punishable. But even the present form of death certificate cannot be filled up by a principal in the case of a patient who has been attended solely by his unqualified assistant without something very like fraud.

THE ISLINGTON GUARDIANS AND THE LATE MR. HARVEY.

AT the last meeting of the guardians the following resolution was passed:—

"This Board have received with deep concern the intelligence of the decease of their late esteemed and respected chairman, Wm. Harvey, Esq., who has devoted a large portion of his life with so much advantage to the service of this parish. The Board desire to convey to the members of the family their deep condolence at the irreparable bereavement which they and the parish have sustained; but they feel assured that the universal sympathy which will be manifested will to some extent mitigate their great affliction."

Mr. Harvey's obituary will be found in another column.

THE GILBERT BLANE MEDALS.

DURING the past week the Presidents of the Colleges of Physicians and Surgeons and the Director-General of the Medical Department of the Navy awarded the "Blane medals" to Dr. Dugald McEwan, R.N. (1856), for his medical journal while in H.M.S. *Inconstant*, and to Surgeon Richard Paisley Lawrenson, R.N., for his journal of H.M.S. *Barracouta*. We congratulate both officers on having obtained one of the highest honours open to professional men in the public services.

LORD DIGBY, chairman of the recent conference of rural and urban sanitary authorities of the county of Dorset, has received a letter from the Local Government Board in answer to the resolutions passed at the conference. The Board "have arrived at the conclusion that it would, unless under very exceptional circumstances, be undesirable to appoint several medical officers of health within the jurisdiction of one sanitary authority. . . . . They have very generally recommended the appointment of medical officers of health for large and combined areas, and they believe that in many localities the services of medical practitioners possessing special qualifications for the office might be best obtained by such an arrangement."

WE are given to understand that, in accordance with a suggestion of the General Inspector of the Local Government Board for the district, the question has been raised in the Southampton Corporation of the advisability of making that town part of a more extended health-area in respect to the duties of medical officer of health. Experience has shown that there is abundant work in the borough of Southampton for one officer of health, paid at a higher rate than the present officer is paid, and the suggestion can mean nothing else than that the performance of the duties is a question of less importance than incidence of cost of salary.

DR. CARPENTER is taking steps to render the library of London University available to the graduates. The books are arranged in the large examination-room, which is capable of being brilliantly lighted. In addition to the classical volumes of the late Mr. Grote, copiously annotated by the historian, and the mathematical books of the late Mr. de Morgan, also annotated by him, there are medical works from various sources. The Government has come forward with aid in the shape of £100; and the purchase of part at least of Dr. Daremberg's library is in contemplation; while a catalogue is being prepared by Mr. Nichols of the British Museum.

DR. DOUGLAS MACLAGAN, Professor of Medical Jurisprudence in the University of Edinburgh, has published a volume entitled "Nugæ Canoræ Medicæ," in aid of the funds of the local infirmary. The songs of which it is composed are chiefly humorous in their tenor and Scottish in their dialect, and are in some respects not unworthy of the city which produced the authors of the "Bon Gaultier Ballads," and is still enlivened by the lyric vein of Lord Neaves.

ON the 22nd inst. Mr. J. Needham, the Demonstrator of Histology at the London Hospital Medical College, was presented by the class with a testimonial and an address. The students felt that some special recognition of Mr. Needham's service was due, as, besides having devoted very much time and trouble in the discharge of his duty, he had prepared and presented to each member of the class a number of pathological preparations.

AT the annual general meeting of the governors of the City of London Hospital for Diseases of the Chest, Victoria Park, it was announced that the new wing of the hospital was now complete, though not yet furnished, in consequence of the want of funds. During the past year 773 in-patients and 13,538 out-patients had been under treatment. The three senior physicians, Dr. Peacock, Dr. Bennett, and Dr. Birkett, had been appointed consulting physicians, though still continuing to discharge their hospital duties as heretofore. The two senior assistant physicians, Dr. Thorowgood and Dr. Sutton, had been appointed physicians, and Dr. Berkart had been made assistant-physician in place of Dr. Baumler, who had been appointed to a professorship in Germany.

THE Local Government Board have declined to comply with the request of the Kensington Guardians that the workhouse and the new infirmary should be under one management. Mr. Longley, one of the inspectors from Gwydyr House, attended at the last meeting of the guardians, and spoke in favour of the separate system, and of the desirability of placing the management of the infirmary in the hands of a medical officer.

THE metropolitan vestries are vigorously protesting against certain regulations of the water companies relating to water-fittings. The latter are described as being far too costly for the purpose, while wanting in efficiency and durability. The expense of providing the fittings is stated to reach £60 in the case of a large West-end house, and to be upwards of £10 in the case of a small cottage.

AT the last meeting of the St. Pancras Board of Guardians, a letter was read from the Local Government Board stating that they had no power to sanction the payment of the costs incurred by Dr. Hill in the late action brought against him by a pauper for illegal detention in the workhouse. Our readers will remember that the action in question was dismissed.

THE St. George (Hanover-square) Board of Guardians have decided that pensioners, while inmates of their workhouse, shall pay elevenpence a day for their keep.

AT the Clinical Society on this (Friday) night, Mr. Heath will show the patient on whom he tied the left carotid artery for aortic aneurism a year ago.

THE Obstetrical Society of Berlin elected Dr. George H. Kidd, of Dublin, a corresponding member of their Society at their anniversary meeting held on the 13th of February.

THERE were fifty-four candidates for the appointment of medical officer of health for the Shropshire district, lately conferred on Dr. Thursfield.

THE Association of Medical Officers of Health at their last meeting resolved to petition against Dr. Brewer's proposal to continue private slaughterhouses in London.

EIGHTY additional beds are to be added to the new infirmary in connexion with the Chelsea Workhouse, at a cost of £2500.

THE surgical instrument makers of Sheffield, whose wages average about 25s. a week, are agitating for an advance of fifteen per cent.

A VIRULENT outbreak of yellow fever among the English vessels at Rio de Janeiro is reported.

WE understand that dengue was prevailing as an epidemic in the Mauritius at the date of the last mails.

GENERAL COUNCIL OF MEDICAL EDUCATION & REGISTRATION.

Session 1873.

WEDNESDAY, MARCH 26TH.

THE session of the General Medical Council commenced to-day at 2 o'clock, Dr. Paget, the President, in the chair. Nearly all the members were present. The only new member was Dr. Thos. Thompson Pyle, who was introduced by Dr. Acland as the representative of the University of Durham.

The PRESIDENT, in opening the session, said—Since we last met, one of our members, Dr. Embleton, has resigned. He was one of the original members of the Council appointed in 1858, and I am sure I express the opinion of all the members of the Council when I say that we greatly regret his absence, whoever may be his successor. He certainly had the esteem and regard of all of us. He was an honourable man, useful in the business of the Council, and worthily representing the University that sent him here. At the same time he was never unmindful of his other and larger duties in connexion with the interests and welfare of the profession. During the past twelve months something has been done towards the correction of the Register. Some progress had been made in that direction at our last meeting, and by the energy of the Registrar and the diligence of the clerks, much more has been done since, so that I hope the Register is now accurate. This has been brought about by very great labour and not inconsiderable expense. Permit me to say that the members of our profession would do well if they would themselves pay some little attention to this matter. The Register is, of course, the authoritative evidence of a man being a legally qualified practitioner, and every qualified member of the profession should take care that the evidence of his qualification is complete. In many cases it becomes incomplete through the inadvertence or carelessness of those who do not intimate their change of address to the Registrar, who cannot make any change without the authority of the person himself. Our finances during the year have been exceptionally flourishing and good. The income has been unusually large, but of course we must warn the Council that next year it is not likely to be so large. The expenditure has been exceptionally small, for which we are in a great measure indebted to the trouble that has been bestowed upon the matter by the Treasurer and the Executive Committee, and also by one person who is not now present—I mean Mr. Hawkins. By a strict examination into the details of the expenditure it has been reduced to the smallest reasonable dimensions. The fears, therefore, that were entertained by some persons two or three years ago, when our expenditure exceeded our receipts, may be entirely dismissed, for we have abundance for all our need. During the year something has been done, and something, I am afraid, has been left undone, in regard to the matter of conjoint examinations, the desirability of establishing which has been again and again in the course of the last two or three years affirmed by the Council. The body established under the English scheme, called the Committee of Reference, has had very numerous sittings, and has bestowed a great deal of time and trouble on this matter. The Committee is composed of men amongst the busiest in our profession, who have entered into this work as a labour of love, whose services, had they been paid for, could only have been purchased by a large sum of money. These gentlemen have drawn up in detail the regulations for carrying out the scheme that has been approved by the Council. I am in a position to say also that these detailed regulations have already received the approval of the Royal College of Physicians of London and the Royal College of Surgeons of England. They have been sent out to the universities who have joined in the scheme, and will, I doubt not, receive also their approval; so that the scheme will soon be ready to be carried into actual operation. I believe it is contemplated to bring it into operation by October next. You will remember that a wish was expressed by the Council at its last meeting that the University of London and the

Society of Apothecaries should join in the scheme, but, as you know, some few difficulties presented themselves. You have had distributed amongst you a letter which I received from the Master of the Society of Apothecaries in the beginning of December, and which has since found its way into the medical journals. I have just had put into my hands another letter, and I have the authority of the representative of the Society of Apothecaries to read it to you. It is a letter addressed to that Society from the Privy Council. It is dated March the 24th, 1873, and is as follows:—

"Sir,—I am directed by the Lord President of the Council to acknowledge the receipt of your letter of the 19th ultimo, requesting information as to a Government measure which you believe to be in preparation, for further enabling the various licensing bodies of the medical profession to unite in conducting their examinations. I am to inform you that his Lordship, as at present advised, has decided not to introduce any such measure into Parliament. It has seemed to his Lordship that a measure of that merely permissive kind would not of itself secure a satisfactory improvement in the present system of medical qualifications; and I am to say that his Lordship retains the opinion which he expressed in 1869 and 1870 in his correspondence with the General Medical Council, and on which he afterwards acted, with the full concurrence of that Council, in introducing the Medical Bill of 1870—namely, that any Bill to be introduced on the part of her Majesty's Government for the amendment of the Medical Acts ought to be such as would cover all the ground where amendment of the Medical Acts is wanted, and as would therefore probably be, at least for some time, a settlement of that branch of legislation.—I am, Sir, your obedient servant,

"JOHN SIMON."

This letter was put into my hands, with permission to read it, only five minutes ago; and, of course, upon so short a notice, I am not prepared to make any remark upon the matter; but I think I shall be prepared to make some remarks upon the letter if it be brought before us hereafter for discussion. It seems to me that what the General Medical Council is trying to do, no doubt piecemeal and painfully, does, in fact, meet the very principles of the Medical Bill that was introduced by the Government two years ago. Moreover, it was in no respect the fault of the Council that that Bill was not carried. It was a Government Bill, and if there be any blame attaching to anyone, it should be laid in the right place. This time last year it was understood that there was a difficulty in the way of the University of London and the Society of Apothecaries uniting in the scheme for English joint examinations; but the difficulty was so subtle, so obscure, and so minute, that it had actually, as far as the University of London was concerned, escaped for two years the notice and cognisance of that very distinguished body, the Senate of the University, including two influential Cabinet Ministers, some of the *élite* of our profession, and five members of our own body, all of whom are unanimous in thinking that the removal of this obstacle would be for the good of the profession, and enormously for the welfare of the public. In Scotland, with regard to the subject of conjoint examination, I am afraid we have a very marked illustration of what I said before as to something being left undone. It will be seen that there is in Scotland a difference of opinion on the subject; but it is reasonable to make a decided exception in favour of, and in my opinion to the honour of, the University of Aberdeen, which expresses an opinion quite in accordance with the opinions that have led to the formation of a tolerably comprehensive scheme in England. In Ireland the best step has been made in the year, beyond all doubt. Three of the most important medical authorities in Ireland have united in preparing a scheme, which in its general scope seems to be an excellent one, and which in one respect is more comprehensive than that which is being carried out in England, for it includes general as well as professional education. Of course one regrets that of the five Medical Authorities in Ireland, only three have joined in the scheme. But when we consider the positive opinions expressed by the Apothecaries' Hall of Ireland, in a letter printed in our minutes last year, in favour of such a scheme, and a subsequent letter printed in July, expressing their adhesion to an amended scheme, it is quite clear that the difficulty is one of detail which may be overcome for the public good. With regard to the Queen's University in Ireland, though it is inauspicious that they have actually declined joining in the more recent negotiations for a conjoint scheme, they have distinctly expressed an opinion in favour of the principle of reducing the number of examinations that give entrance into the profession. In truth, they have gone further than the other bodies have gone, for the chief objection to the scheme that they raise is, that, being voluntary, it is possible that it may not be permanent, and they only wish for legislative sanction to make it binding. Of course this is a kind of piecemeal reform; still it has been progressing from year to year. We, the Medical Council, have not the power to do it in any other way. The powers given us by the Act of 1858 are the smallest possible. This improvement must be made by the bodies in Schedule A themselves. We have no power to influence them except by our opinions. The power given us by the Medical Act, it is true, is not our only power. We have another, which it may be difficult to estimate, but which to my mind is incomparably greater than any powers conferred under the Medical Act—the power of discussing these things publicly. Notwithstanding all the difficulties in our way, I feel assured that this thing, sooner or later, will be accomplished. What is said here, if it be right, will be adopted as a matter of opinion by the medical profession and by the public; and when the public come to know how much interested they are in having it done, it will be insisted upon. I am only concerned as to the way in which it is to be done. I hope it will be carried out without any sacrifice of the honour or dignity of the profession, and without any interference with or infringement of the independence and the power of self-government, of which the profession is very proud and, I think, wisely jealous.

Mr. BRADFORD said that at the last meeting of the Council he held out an assurance that the Society of Apothecaries would do all in their power to enable them to join in the proposed scheme, if it should be thought suitable. Measures were taken by the Society to communicate with the Government as to whether they would countenance a proceeding that would relieve the Society from certain legal disabilities, some of them minute, but others of great importance. A letter was addressed to the Lord President of the Privy Council, and in order to obtain a satisfactory answer from the Government another letter was addressed to him during the last month, requesting information as to what measure the Government intended. The reply to that letter had been read by the President.

The following gentlemen were appointed as members of the Business Committee:—Dr. Andrew Wood, Mr. Bradford, Dr. Aquilla Smith, and Dr. Leet.

The following gentlemen were re-elected members of the Finance Committee:—Dr. Quain, Dr. Bennett, Dr. Sharpey, Dr. Aquilla Smith, and Dr. Fleming.

Communications respecting conjoint examinations received in June and July last from the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, the Faculty of Physicians and Surgeons of Glasgow, the University of Edinburgh, the University of Glasgow, the University of Aberdeen, the University of St. Andrews, the King and Queen's College of Physicians in Ireland, the Royal College of Surgeons in Ireland, and the Apothecaries' Hall of Ireland, were ordered to be entered on the Minutes, as were also certain other communications on the same subject, received from other bodies at subsequent dates.

At the suggestion of Mr. BRADFORD the following letter from the Clerk of the Society of Apothecaries to the President of the Privy Council, referred to by him in his remarks, was read:—

"February 27th.

"My Lord,—Referring to the communication from the Medical Department of the Privy Council Office addressed to my predecessor, dated the 4th of June, 1872, I shall be obliged by your informing me what progress has been made in the preparation of the measure alluded to in such communication, also the probable date of its introduction into Parliament."

Dr. ACLAND.—It would seem that much of the labour of the Council has been useless. I say this because behind the communication that has been read there is a very grave matter affecting, as I understand it, almost all the bodies in

England. At the Convocation at Oxford, more than a year ago, I stated, on the faith of what passed in this Council, that the University of London, in particular, would join in the labours of the other licensing bodies in this branch of the country for the formation of a conjoint scheme; and I have no hesitation in saying that, in my judgment, it was that statement which, perhaps above all other considerations, except the general conviction that it was a national duty, induced our Convocation to give up their old privileges, and agree to license no one who had not passed this conjoint examination of yours. On a subsequent occasion I was obliged to explain that the University of London had discovered that it could not do what I had stated it was about to do, and what I believe it is conscientiously desirous of doing. It now appears, if I have not misunderstood the communication which has been read, that the Government not only will not assist that body, which has had so much influence in the carrying out of this measure, but it tells us at the last moment that it does not intend to do it. I venture to say that no graver state of things can come before the Council during the present session. In the conferences which have taken place in London, and in the efforts which have been made to form a complete system, we have been acting all through on the faith of the possibility of the scheme being carried out, and now it seems we are checkmated by our masters, the Privy Council. I do not know when Lord Ripon made up his mind to send this ultimatum, which he must have known would be presented to the Council. He understands this business thoroughly, and I think that we must take this as a complete and carefully considered answer. I hope that we shall be enabled to ascertain, before we proceed to consider the details of these conjoint schemes, whether this is a final answer of the Government—that they will not allow a conjoint scheme to take place in this country. If it be so, it is useless to go on. I hope that the Apothecaries' Company will lay on the table all the documents which led to this answer, in order that we may see whether there is anything in the previous stages of the correspondence that has any important bearing on the matter.

Dr. STORRAR.—Allow me in the fewest possible words to state all the information that I can give on this subject, so far as the University of London has been concerned. I must first carry the Council back to the first day of the last session, when, greatly to the surprise, no doubt, of many members of the Council, it was found that the University of London, which up to that time had taken a very earnest and active part in the constitution of this conjoint examination, had to announce that the Attorney-General and the Solicitor-General had given a decision to the effect that the University could not do what it desired to do consistently with its charter. It may seem strange that the Senate should have gone on so long taking part in the scheme for a conjoint examination without asking the authority of the Secretary of State; but I own it never occurred to us that there was any difficulty in the way. The usual course with us is this: The University draws up its regulations, and forwards them to the Secretary of State for the Home Department for his approval. I repeat, the Secretary of State for the Home Department, and not the President of the Privy Council. We are never in the habit of sending to the Secretary of State for permission to do this or that—we simply frame our regulations, and then send them to him for his approval. After everything had been arranged between the different bodies in England, we sent on a regulation for the approval of the Secretary of State, who, having some doubts about the matter, forwarded it for the opinion of the Attorney-General and Solicitor-General, who decided that under the charter it was not competent for the University of London to do what they wanted to do. When the question was discussed before the Council, a resolution was passed to the effect that "the Council approve of and sanction the conjoint scheme of examination submitted by the Royal College of Physicians of London and the Royal College of Surgeons of England, to which the Universities of Oxford, Cambridge, and Durham have given their adhesion. The Council has at the same time to express its desire that means may be found by the University of London and the Apothecaries' Society to enable them to join in the scheme." The very moment this resolution was passed, I sent it to the Registrar of the University of London. Steps were speedily taken to lay the whole question again before the Solicitor-General, who was asked if by any means the University of London could find any way of taking part in this conjoint scheme. The answer was that we could not do so under the charter. The next question was, Could it be done by a supplemental charter? No, it could not be done by a supplemental charter. Then the question was, how could it be done by Act of Parliament? We immediately set to work to see how it could be done. If we had simply regarded our own interests, the simple way would have been to introduce a Bill giving the University this power. But we could not look at the resolution without seeing that the Apothecaries' Society was in the same position as the University of London; and it was within my knowledge, and the knowledge of every member of the Council, that the co-operation of the College of Physicians and the College of Surgeons was not so simple a process that it did not require a very careful handling. We had also some whispers from the Universities of Oxford and Cambridge that, although they felt that their powers were sufficient, it would not be amiss to have them strengthened by an Act of Parliament. Then I had in my view the general objection very properly raised in the Council, that it was not desirable that bodies should go to Parliament for special privileges, and that if advantages were sought, they should be fairly distributed among all the bodies represented at the Council. We therefore thought that, instead of going for a Bill for the University of London or for the University and the Apothecaries' Society, the best plan would be to go for a Bill affecting all the bodies represented in the Medical Council. The next question arose—how did we know that all the bodies represented in the Council want these powers? We, the University of London, have no right to impose upon any body powers that it may not want. The idea then suggested itself to us that we should devise an enabling Bill—a Bill which would untie the hands of all bodies who wished their hands to be untied, leaving alone those who did not desire to be loosened. The proposal was to this effect—that all the bodies mentioned in Schedule A of the Medical Act should, if they desired it, have the power, notwithstanding any clause of a charter or section of an Act to the contrary, to take part in any scheme of conjoint examination. Having considered the question fairly amongst ourselves, I assure you the University Senate went zealously into the matter. You have said, sir, that there are two Cabinet ministers in our Senate—there are five Cabinet Ministers in the Senate, and five members of this Council. There was no want of will, and seemingly no want of power. There was some private communication made to the Secretary of State for the Home Department, and that was followed by a formal communication, proposing to him to introduce as a Government measure a Bill in the terms that I have described. We received an answer to the effect that it would be done. Just about that time I met in society the Under Secretary for the Home Department and the Solicitor-General. I spoke to them about the matter, and the answer was, "Oh, yes; we know all about it, and it will be done somehow." Virtually the answer appeared to me almost to be, "You need not trouble yourselves about it, because it is all arranged to be done." If I had not had a good deal of experience in life, I should have been almost encouraged in the belief that it was practically settled. We were expecting a draft of the Bill to come to the Senate of the University for approval, but no draft came. We went on towards the end of the session, when Dr. Sharpey and I one evening found ourselves in conversation with a very distinguished member of the Council of the College of Surgeons, who said, in the ordinary way of chat, "By the way, they have put a spoke in your Bill." "How is that?" we asked. "Oh," said he, "the Privy Council people found out what was going on between you and the Home Office, and they have claimed as their right that they are to deal with the Medical Council, and not the Home Office." So it has passed on from the Home Office to the Privy Council, and there it is hung up. If I am wrong in any way I hope Dr. Sharpey will correct me.

Dr. ALEXANDER WOOD.—I hope nothing will occur to stop these interesting revelations.

Dr. STORRAR.—The Council will not ask me for the *ipsissima verba*; I may not be able to repeat a quarter of what was said, but I will guarantee the substantial truth of what I relate. I was a good deal pulled up by this, and, I

own, a good deal annoyed. I said, "Well, we really ought to have some explanation of this," when, looking towards the door of the room, I saw Mr. Forster, the Vice-President of the Council. As he is an old friend of mine, when he came forward I pulled him into the circle and asked what was the meaning of all this. "Well," said he, "if you had introduced a private Bill it might possibly have been right enough for the Government to consent to it; but, you see, you saddle the Government with the responsibility of this Bill, and it is for the Government fairly to consider whether it should undertake that responsibility." I then said, "You know, the University of London, being placed under the Home Office, had no power to act otherwise than through the Secretary of State." He replied: "These conjoint examinations are all very well, but we have to look at this question as an imperial one. It might be very well to establish conjoint examinations under proper authority, but at present at least, while the examinations are conducted by separate bodies, the country has a guarantee for an adequate number of general practitioners being licensed. Competition, whatever may be its injury in one respect, has at any rate that advantage. If you were all to combine together without let or hindrance, how could we know that you might not raise the requirements and the fees in such a way that before long the country would not be adequately supplied with medical practitioners?" Well, sir, my hair had been brushed for the evening, but really I think it not unlikely that it almost stood on end when I heard this statement. I said, "Then why do you not do it yourselves? A Bill was introduced into the House of Lords last year, and you dropped it." "Well," said he, "there was not an evening in the House of Commons for passing it through some stage, and we were getting on to the end of the session—that is why it was dropped." However, there is the most extraordinary fact that this Bill was carried through the House of Lords, and dropped by the Government in the House of Commons, and no more has been heard of legislation. I was wondering whether something more might not be heard of it this year, but nothing appeared in the beginning of the session. The kind of dislocation that has taken place by the Irish University difficulty would prepare men for the kind of answer which has just been read from Lord Ripon to the Society of Apothecaries. It will be remembered that when the Council applied to the Home Office for legislation to strengthen Clause 40 of the Act they could get nothing from them; the Council then changed their course, and went to the President of the Privy Council, and after some delay a letter was received from Mr. Simon, the gist of which was: "We understand what you want. We shall be perfectly ready to do this, but Government would not be prepared to introduce a Bill unless it covered a broader field. What we propose is that you should enter into conjoint examinations to put a stop to this system of single or half qualifications for the future; if you are prepared to assent to this the President of the Council will be ready to acquiesce." We announced our readiness to assent to this. A Bill was drawn, and in all its essentiality it received the approval of a large majority of this Council. It was then introduced into the House of Lords, and was afterwards dropped. Under these circumstances the different licensing bodies in England said to themselves, "This conjoint examination is so desirable a thing that if the Government will not help to do it by an Act we will see if it cannot be done by ourselves." Accordingly we set to work at this very thing which was the condition of the Government introducing a Bill to strengthen Clause 40. The University of London and Apothecaries' Hall find themselves in a difficulty, and they take the course which I have already described to overcome it. Then the Privy Council interfere, and the whole thing is hung up. The conclusion of the letter from the Lord President is most astounding—that the Government will not assent to any movement that does not cover the whole field. Why, that is what we have assented to all along. We are not the obstacles, but the Government. We are now in this ridiculous position: we assent to the Government doing a thing which they wish to do and which afterwards they refuse to go on with, and they will neither move themselves nor allow us to move. I do not know whether this stoppage is the fault of the President of the Council or of the Vice-President, or of that "fierce light that beats upon a throne." At all events, the thing has come to a dead lock. I have reason also to believe that when it came to a dead lock there was a pretty sharp conflict between the Home Office and the Privy Council Office.

Dr. BENNETT said he could confirm the accuracy of the statement of Dr. Storrar. The question was a most serious one, but he thought it was premature to assume that the scheme for conjoint examinations was "hung up."

Dr. ACLAND also confirmed the accuracy of Dr. Storrar's statement, and added that he could hardly regard the letter from the Lord President as an ultimatum. If it were so, it was impossible for the Council to continue the work.

Sir WM. GULL thought that the letter of the Lord President was the most astounding document that could be thrown at their heads in the present stage of their proceedings. One of the most distinguished ministers of the Cabinet, sitting in the Senate of the University of London, promised him (Sir W. Gull) to give what assistance he could to the enabling Bill. The obstruction to all advancement, he said, was *non possumus*, and therefore it would be better to make everything possible. He was therefore astonished to find the Privy Council advocating the doctrine of *non possumus*. It was of the highest importance that the Council should understand where it was. It was a very grave matter for the members to be called away from their duties, and to be told that their efforts were useless. He would propose that the President be requested to wait to-morrow morning on the Lord President of the Council, to ascertain whether the resolution stated in the letter was to be considered final. He did not see how they could go on. He certainly would not attend the Council under such circumstances. Government wrote to him asking him to leave his active duties and take a seat at the Council, and when he had been working there a year or two he was told: "You may work as much as you like; we do not intend to help you."

Dr. ALEX. WOOD suggested that the question be taken up first at the sitting to-morrow, and that then Sir William Gull's proposal should be considered.

Dr. ACLAND thought that that would be an unnecessary loss of time, and that the views of the Lord President should be ascertained without delay.

Sir R. CHRISTISON said it would be useless to waste time by discussing the question without knowing the exact position of affairs.

Dr. ALEX. WOOD deprecated any premature action, and said it would be inconsistent with their dignity to send to the Lord President until they had determined what course they would pursue.

Dr. STORRAR seconded the proposal for an immediate communication with the Lord President, and suggested that the Council should be exceedingly cautious about committing itself to any opinion.

Dr. QUAIN thought that the letter from the Lord President was sufficiently explicit, and that no more definite information would be obtained at an interview.

Dr. ALEX. WOOD proposed, and Dr. ANDREW WOOD seconded, the following amendment:—"That this Council consider it premature to hold any communication with Her Majesty's Government until the Council has had time to consider the letter already before it, and decide on a course of action."

The amendment was carried by a majority of 10 to 7. On its being put as a substantive motion,

Dr. ACLAND urged that it would be impossible to discuss the question with any effect unless the Council were informed as to the intentions of the Government. He doubted the propriety of the Council placing itself in the clutches of any Government department whatever. If the Council were merely to do what it was directed to do by letters from secretaries of departments its serious functions as a national educating body would virtually come to an end.

Dr. FLEMING thought it would be time enough to go to the Privy Council when the Medical Council had decided upon some course of action. Nothing further would be obtained from the Privy Council than was already before them in the official letter addressed to the Apothecaries' Company.

After some remarks from Dr. ANDREW WOOD, Dr. BENNETT suggested that the last words of the motion, "and decide on a course of action," should be omitted. Dr. Andrew Wood assented to the suggestion.

Dr. HUMPHRY said the question which the Privy Council

should be asked was whether Government were determined to oppose an enabling Bill. Without an answer to that question the Medical Council could not well deliberate.

Dr. ALEX. WOOD said it was premature to assume that the Medical Council wanted an enabling Bill.

The motion was then carried.

Communications were read from the King and Queen's College of Physicians in Ireland with reference to a scheme of conjoint examinations, and were ordered to be entered on the Minutes.

A similar course was pursued with reference to communications of a like character from the Royal College of Surgeons of Ireland and the University of Dublin.

A communication was read from the Queen's University in Ireland, stating that the University had granted diplomas in midwifery, and requesting that such diplomas might be entered on the Register.

Sir D. CORRIGAN explained that the certificates in midwifery were granted by the University in order to meet certain requirements of the Poor-law Commissioners of Ireland.

After some discussion on the subject, Dr. STORRAR moved, and Sir R. CHRISTISON seconded,—"That the question of the admissibility of the certificates on the Register be submitted to the opinion of counsel."

Dr. A. SMITH opposed the motion, and moved as an amendment, that the Council should decline to register the diplomas in midwifery, leaving it to the Queen's University to take legal advice on the subject.

The amendment was lost and the original motion was carried.

A memorial was read from certain ladies, requesting that the Council would recommend the institution of a searching examination for the purpose of "differentiating" properly qualified women from the class of unskilled midwives.

On the motion of Dr. ANDREW WOOD, seconded by Dr. PARKES, the memorial was referred to the Committee on the Medical Qualification of Women.

A memorial was read from Mr. James Cooper Pigg, M.R.C.S.E. and L.S.A., praying to be restored to the Register, his name having been erased under the 14th section of the Medical Act, accompanied by a deed showing that he had changed his name to James Cooper Cooper. The Council ordered the name to be entered on the Register on the production of sufficient evidence of identity.

A memorial was read from certain medical practitioners at Redruth, Cornwall, respecting John Permewan, now practising at Redruth, whose name had been erased from the Medical Register. The memorial set forth that in March, 1866, John Permewan was convicted of felony and sentenced to seven years' penal servitude; that in May, 1866, his name was erased from the Register, and also from the list of members of the College of Surgeons of England; that in 1871 he was discharged on a ticket of leave; that in March, 1872, he obtained a licence from the Royal College of Physicians of Edinburgh after an examination, and shortly afterwards settled in Redruth as a medical practitioner, obtaining appointments, and styling himself "Dr. Permewan." A letter was also read from Dr. Haldane, of the College of Physicians of Edinburgh, stating that Permewan was admitted to examination in consequence of his (Dr. Haldane's) having omitted to refer to the list of names erased from the Register; and that Permewan produced to the officer of the college his diploma of the College of Surgeons of England.

A short discussion followed, in which it was stated by the President that the Council, having removed Permewan's name from the Register, could do no more, and that it was for the memorialists to institute any prosecution that might be deemed necessary. The representative of the College of Physicians of Edinburgh not being present when the subject was brought forward, the discussion was adjourned at the termination of the sitting of the Council.

THURSDAY, MARCH 27TH.

The Council was occupied to-day in considering the desirability of communicating with the Government in reference to the proposed scheme of conjoint examinations.

A motion was proposed by Sir WM. GULL,—"That the President of this Council and four members of it be appointed a deputation to ascertain from the Government whether they are willing to aid the Council in the removal of any legal difficulties that may exist in carrying out the objects of Clause 19."

To this motion an amendment was moved by Dr. ALEX. WOOD and seconded by Dr. FLEMING,—"That the Council find that several unexpected difficulties stand in the way of forming conjoint examining boards in the three divisions of the kingdom; that it appears that no such combination can be legally formed without an enabling Act of Parliament, which the Government are unwilling to introduce except on conditions which will imperil the independence of the profession; that under these circumstances the Council is of opinion that it would be inexpedient at present to press conjoint schemes, and that the Council resume the visitation of examinations with a determination to improve existing examinations whenever they may seem to require it." The motion and amendment were discussed at considerable length, and the debate was adjourned at the rising of the Council.

CLERKENWELL COUNTY COURT.

JAS. DAVISON, L.R.C.P. EDIN., *v.* T. C. KING, TRAGEDIAN.

AN important decision was given at the Clerkenwell County Court this week, as affecting the liability of parents for the medical attendance on members of their families after the attainment of their majority, and also as affecting Licentiates of the Royal College of Physicians in sueing for medical attendance and medicines.

In this case Mr. T. C. King was sued for attendance on and medicines supplied to his son, who was a pupil at a boarding-school when the attendance commenced. The young man was twenty-three years of age, but his board, education, and lodging were paid for by his mother, and, according to her statement, unknown to his father. He became ill of rheumatic fever in January, 1871, and was attended at the school till the 3rd February, when he was removed to his father's house. The attendance was continued there till 28th February, when he was left as well. In March of the same year he attempted to commit suicide by swallowing a liniment containing a large quantity of strong solution of ammonia, previously having taken eight grains of opium. Mr. King's servant called Dr. Davison at the request of Mrs. King, and Mr. King himself accompanied the policeman, the doctor, and his son to the Royal Free Hospital.

The defence was non-liability, because the son was a major. No exception was taken to the charge made for medicines, because no separate and specific charge was made. The medicines were included in the charges made for medical attendance on a medical case.

The Judge ruled that by implication, if not otherwise, the father must have known of the attendance on his son at his house, and consequently held him liable.

Correspondence.

"Audi alteram partem."

HÆMATOZOA.

To the Editor of THE LANCET.

SIR,—Without attempting at any length to record my views respecting the origin and development of the parasites discovered by Dr. Lewis, will you permit me to correct one or two errors into which others than myself have fallen in connexion with the hæmatozoa of the day.

In the excellent paper by Assistant-Professor F. H. Welch which appeared in your last issue, the author has described the dog's hæmatozoon as referable to the so-called *Spiroptera sanguinolenta*. This is an error; and it is one for which I believe I was originally responsible. Several other writers, including the late Dr. Baird, have been in the habit of

making the same mistake when referring to this entozoon.

For myself, permit me to state that I was some fifteen or twenty years ago misled by the circumstance that M. Bohe-Moreau discovered corresponding nematodes in the heart of a wolf; and as the worms from the recognised progenitor of the dog were afterwards considered to be identical with the *Spiroptera sanguinolenta* of Rudolphi, I naturally concluded that not only they, but also the similar nematodes from the dog, were referable to one and the same species.

At the Liverpool meeting of the British Association in 1870, I partly corrected this error by disputing their identity; and, without proposing a new and distinctive title for the worm, I concluded that we had here to deal with a new and entirely distinct species.

On looking into the literature of the subject, I find that this distinction has already been recognised abroad, and that the true name of the hæmatozoon from the dog is *Filaria immitis*—a name not inaptly chosen, since the Latin specific term expresses, metaphorically, the fact that the action of the worm upon its host is essentially "cruel." To my class at the Royal Veterinary College I have described this parasite as "the cruel threadworm," and in my collection there may be seen two hearts of dogs filled with these entozoa, one of which (as elsewhere acknowledged), was received from China and the other from Japan.

Speaking of the young, so admirably described by Mr. Welch in your pages, Krabbe says that they are produced viviparously, and carried along in the circulation; but it is as yet an open question whether the nematode hæmatozoa found by Grube and Delafond are to be referred to this species. My impression is that the *Filaria papillosa hæmatica* is a distinct form, and I think that it should be at least provisionally recognised as such.

Mr. Welch has done good service by the publication of his paper. By an examination of my own specimens I have been enabled to confirm many of the interesting particulars he has recorded. In regard, however, to the general question, I will only add that Dr. Lewis's discovery adds another link to the chain of evidence required to interpret the facts of nematode development within the blood of animals. Not alone in the dog, horse, and ass do these parasites occasion mischief, but in the sheep a blood-strongle is the cause of a little-known epizootic. In various wild animals I have several times encountered similar hæmatozoa; and the fact, therefore, of their occurrence in man is in perfect harmony with the phenomena of parasitism seen in the lower vertebrates.

It is not improbable that the filariform worms which I found in my patient suffering from Bilharzia may have come from the blood, but I considered them at the time as strictly renal or urinary parasites. So far as I am aware, the honour of discovering nematode hæmatozoa in the human body belongs exclusively to Dr. Lewis, but trematode hæmatozoa have long been known to helminthologists both in mankind and animals.

I am, Sir, yours truly,

T. SPENCER COBBOLD, M.D., F.R.S.

Royal Veterinary College, March 11th, 1873.

ANALYSIS OF THE COMPOSITION OF RABBITS.

To the Editor of THE LANCET.

SIR,—At the request of several subscribers to THE LANCET I have endeavoured to supply, to the best of my ability, the want you lately indicated with regard to the analysis of the composition of rabbits. To this end I purchased last week, for 3s. 6d., three Ostend rabbits weighing 1 lb. 7 oz. 139 grs., 1 lb. 9 oz. 349 grs., and 1 lb. 12 oz. 266 grs. (avoirdupois) respectively.

The first thing to do was to snip off the ends of the tibiæ and metatarsal bones, which, as sold, are covered with fur, but carry no practical amount of flesh; the eyes were also extracted, being very seldom eaten. These portions of bone, fur, skin, and eyes are, therefore, a complete loss, and weigh, as will be seen, more than three-quarters of an ounce per rabbit. The flesh was then carefully dissected from the bones and cartilages, and comprised muscular flesh, including a small quantity of adipose tissue, liver, and heart, the kidneys and surrounding fat being removed previous to shipment. The difficulty of analysing the edible portion of rabbits quite accounts for it having been generally avoided. The filtration of the watery and alcoholic extracts and albumin was so slow as to necessitate the use of ice for the maintenance of the process at a temperature below 40° F., otherwise decomposition would inevitably have set in. The gelatin also required no less than ninety-six hours' continuous boiling, and considerable pressure must be used to eliminate both the extracts, the albumin, and the gelatin from the fibrin or syntonin. The result of the analyses is as follows:—

	Rabbit No. 1. Grains.		No. 2. Grains.		No. 3. Grains.		Average. Grains.		Percentage. Grains.
Water	5982	...	6623	...	7315	...	6640	=	73·17
Fibrin or syntonin	1143	...	1247	...	1393	...	1261	=	13·90
Gelatin	302	...	335	...	350	...	329	=	3·63
Fat	240	...	272	...	345	...	286	=	3·15
Albumin	276	...	305	...	340	...	307	=	3·38
Alcoholic extract, including salts	106	...	119	...	135	...	120	=	1·32
Watery extract, including salts	102	...	108	...	126	...	112	=	1·23
Calcium phosphates	16	...	19	...	25	...	20	=	·22
Edible portion	8167	...	9028	...	10029	...	9075		100·00
Additional gelatin from stewing bones	215	...	232	...	251	...	233	=	2·06
Bones &c. dissected out and stewed	1501	...	1674	...	1854	...	2027	=	17·88 waste.
Shank-bones, fur, and eyes, thrown away	318	...	352	...	382				
	10201		11286		12516		11335		

This shows that Ostend rabbits contain of edible matter 80·06 per cent., which resembles veal more than any butcher's-meat in its composition, by producing a larger proportional quantity of albumin and gelatin than syntonin. The extracts are identical with the ordinary "extractum carnis Liebig," and although there is a great deficiency of fat, that seems to be the fault of the exporter in taking out the kidneys and their surroundings. English rabbits contain a fairly moderate amount of fat, especially those that are more or less fed. Trusting these analyses may be of some use,

I am, Sir, faithfully yours,

H. C. BARTLETT,

Gray's-inn, March 21st, 1873. Analytical Chemist.

THE NAVAL HOSPITALS.

To the Editor of THE LANCET.

SIR,—I have read in THE LANCET of last Saturday a rather flattering allusion to my professional services in the Royal Navy. I regret, however, that it is coupled with remarks of a severe nature to a brother officer, who has obtained his rank by long and faithful service where appointed to serve.

All who know Dr. Minter feel that his personal qualities have enabled him to maintain a position that has done credit to the naval medical service, and no one can doubt that the same characteristics will avail him much in the

performance of the administrative duties of a hospital that can differ only in degree from those with which he was occupied when promoted to the active list of inspectors.

With regard to voluntary retirement of an inspector-general, it must be borne in mind that it is not optional prior to having attained the age of sixty years.

Hoping you will allow the insertion of this,

I am, Sir, your obliged servant,

March 25th, 1873. WM. R. E. SMART.

*** We fully appreciate Dr. Smart's chivalrous defence of a brother officer, but we must be allowed to say that the fact of Dr. Winter having served in Her Majesty's yacht from 1854 to 1871, during which period he had no hospital experience, cannot, in our opinion, be counterbalanced by the four months' service he had at Malta Hospital prior to his promotion to the rank of inspector-general.—ED. L.

PARIS.

(From our own Correspondent.)

AT the Palais de l'Industrie of the Champs Elysées may now be seen the exhibition which the Society of Help to the Wounded has organised for showing the various articles of ambulance *matériel* which were picked out at the recent *concours* of the Society. My impression after a first cursory visit is that the exhibition is certainly a very interesting one, though the articles are not as varied and numerous as might be desired. Among the chief things exhibited may be mentioned a large kitchen-waggon sent by M. Kellner, and similar to the model which has been adopted for the Austrian army. It is very complete, and seems only a little too heavy for the purpose of following an army over bad roads and in forced marches. There are also two excellent specimens of carriages for carrying the wounded: one, exhibited by M. Binder, is intended to contain five soldiers; the other, exhibited by M. Kellner, can hold six soldiers in a horizontal posture. There is one specimen, and a very good one, of a light small omnibus for conveying surgeons, and two or three models of small vehicles for carrying only two wounded at a time. The rest of the exhibition mainly consists of surgical-cases, dressing appliances, pharmaceutical boxes, &c.

As I led you to expect in my last letter, from the details touching the health of the President of the Republic, M. Thiers is now quite well. Dr. Barth, his medical attendant, whom I saw the other day, assured me that during M. Thiers' illness, which was very slight, he had the greatest trouble in inducing the restless President to remain quiet for a few days, and it was only on Dr. Barth's stern prohibition that M. Thiers consented to stay quietly at home instead of venturing out to dine with the Italian Ambassador on Thursday last. Since then his recovery has been complete.

The General Council of Hygiene in the Department of Gironde has just published an account of its Transactions during 1872; and among other important things in the volume may be noticed a very interesting report of the importation and spread of typhoid fever in one of the small communes near Bordeaux. The disease was brought there by a wounded soldier coming from Bordeaux, and who died a few days after his arrival. Soon after, the brother of the deceased, a young girl, and a peasant, residing in the village, and all of whom had attended the soldier, presented marked symptoms of the fever. The peasant died; and after him, his child, wife, and father-in-law, who inhabited the same house. Lastly, ten persons who had come from various quarters to work in the locality were successively attacked with typhoid fever. These facts bring to mind the history of a similar epidemic which Dr. Gintrac of Bordeaux communicated to the Academy of Medicine in 1863.

GOVERNMENT GRANT FOR VACCINATION. — Mr. George Curtis, of Dorking, has been awarded the above grant of £12 11s. for successful vaccination, being the third that he has received.

Obituary.

RICHARD PARTRIDGE, F.R.S.

THIS well-known surgeon was born in 1805, and commenced the study of his profession at Birmingham, where he was a pupil of the late Joseph Hodgson, F.R.S., surgeon to the General Hospital. He subsequently entered at St. Bartholomew's Hospital, and became a Member of the College of Surgeons in 1827. Mr. Partridge was for a short time Demonstrator of Anatomy at the Windmill-street School, but in 1831 transferred his services to the new medical school at King's College, where he devoted much time to the formation of the anatomical museum, and acted as Demonstrator of Anatomy for five years. It was during this time that his name was brought prominently before the public in connexion with the murdered Italian boy whose body was brought to King's College for dissection by Bishop and Williams. The detection of the murder and the apprehension of its perpetrators were mainly due to Mr. Partridge's astuteness. He succeeded Mr. Mayo as professor of Anatomy in King's College in 1836, and soon after became surgeon to the recently founded Charing-cross Hospital, resigning that appointment in 1840, to become surgeon to the King's College Hospital in conjunction with Mr. Fergusson, which appointment he resigned in 1870. In 1843 Mr. Partridge was appointed a Fellow of the College of Surgeons, being one of the first batch then made under the new charter, and in 1852 he was elected a Member of the Council. He became an examiner in 1864, and President of the College in 1866, being Hunterian Orator in the preceding year. In 1853 Mr. Partridge was elected Professor of Anatomy to the Royal Academy of Arts, a post for which his artistic proclivities and power of illustration peculiarly fitted him. He lived to complete his twentieth course of lectures at the Academy, and his thirty-sixth course of lectures at King's College, and may be said literally to have died in harness. Mr. Partridge leaves a widow and large family.

As a teacher of anatomy Mr. Partridge was highly popular, and had a pleasant mode of imparting knowledge. He was, perhaps, too apt to dwell on the minutiæ of the bones to the exclusion of the more practical subjects of the course, and flavoured his discourse with jests which were not always quite "convenient." In his earlier days he was an enterprising surgeon, and may be mentioned as one of the few who have applied a ligature to the first part of the subclavian artery. Latterly, however, he had entirely ceased from operating, for which he was, indeed, physically unfitted. Mr. Partridge never enjoyed a very large practice, but was highly esteemed by his patients, to whom his unvarying kindness much endeared him. The unfortunate episode of his visit to Garibaldi doubtless did him much harm professionally, and was to be regretted in every way, though Garibaldi always expressed himself in the kindest terms to Mr. Partridge, both by letter and personally, when in this country.

Mr. Partridge was President of the Royal Medical and Chirurgical Society, 1863–1865, but did not contribute to its Transactions. He was also a Fellow of the Royal Society, and contributed articles to the "Cyclopædia of Anatomy and Physiology" and to the Transactions of the Pathological Society.

MR. WILLIAM HARVEY,

OF ISLINGTON.

MR. HARVEY had that honourable qualification for medical practice which consisted in having been a practitioner before the year 1815. Though not indebted to any of the corporations for their letters testimonial, he was by common consent in Islington, including the consent of the profession, equal to any of his brethren in culture, both general and professional. He was a good writer, and a polished speaker. When the monument to Sir Hugh Myddleton on Islington-green was inaugurated, it chanced that Mr. Gladstone and Mr. Harvey were the chief speakers, and Islingtonians were heard to say that they would rather have heard Mr. Harvey's speech than Mr. Gladstone's.

So, at the beginning of the Volunteer movement, Mr. Harvey made Vounteers by his eloquence. On a late occasion, when the medical men of Islington wished to present its resigning officer of health with a fitting testimonial, Mr. Harvey was elected as the spokesman, and acquitted himself of the duty in a masterly way. Mr. Harvey's tastes were of a literary turn, and he had a great aptitude for public work. During his long life in Islington he has held important offices of a public character, the very mention of which takes us back to a more parochial Islington than the present. He was in truth one of the fathers of the parish, and began his parochial life as a member of the old board of trustees. At his death he was chairman of the sanitary committee of the vestry and chairman of the board of guardians. On the formation of the Metropolitan Asylums Board he was nominated to a seat by the Poor-law Board. Notwithstanding his many public labours and the duties of his practice, Mr. Harvey found time to write the "Recollections of a Sexagenarian" in the *Islington Gazette*, and antiquarian papers, signed "Aleph," in the *City Press*. He was also, in conjunction with the venerable magistrate for Islington, Mr. Woodward, a great supporter of the Literary and Philosophical Society till its recent close. It will be gathered from this account that Mr. Harvey was known as much or more outside of the profession than within it, and doubtless devoted more time to public work than is consistent with professional interests. His characteristic appearance and style, no less than his informed judgment, will, for some time to come, be missed in Islington.

DR. WILLIAM BRYDEN, C.B.

DR. BRYDEN, of the Bengal Medical Service, is dead. His name is remarkable in Indian history as that of the solitary individual of the 13,000 soldiers and camp followers of the British army at Cabul who was neither killed nor taken prisoner in the retreat from that city in January, 1842. After a series of hair-breadth escapes from the Afghans, Dr. Bryden reached Jellalabad alive, though wounded and exhausted. Dr. Bryden served through the remainder of the seige of Jellalabad with the garrison under Sir Robert Sale; and it was also his fate to be again shut up with Sir Henry Lawrence at Lucknow—an ordeal through which he passed uninjured. The Doctor, hailed from the North of the Tweed, was a graduate of Edinburgh, and latterly lived in retirement, till "the charmed life" he seemed to possess succumbed to the inevitable destroyer.

GEORGE BURTON PAYNE, M.A., M.D.

WE much regret to record the death of Dr. George Burton Payne, at his residence, 39, Charlwood-street, Pimlico, on the 31st ult. Dr. Payne was a skilful and experienced practitioner and a man of humane and gentle character. His death was a loss to all who knew him. He took the licence of the Apothecaries' Hall in 1847, and graduated M.D. and M.A. of King's College, Aberdeen, by examination in 1855. Among his contributions to medical literature may be mentioned a paper "On Puerperal Convulsions and Hæmorrhage," in the *Obstetrical Record*, and two on "Ulceration of the Stomach," and on "Cholera," in THE LANCET, 1848–49. His practice had steadily increased and improved from the time when he commenced, and it is owing to his conscientious and unremitting attention to its duties that his family and friends have to mourn his premature demise.

JOHN HENRY SIMPSON, L.R.C.P.L., M.R.C.S. ENG.

JOHN HENRY SIMPSON, L.R.C.P.L., M.R.C.S. Eng., died at Clarendon, Jamaica, on January 30th, 1873, aged thirty-one years, of hydrophobia. He received his medical education at Charing-cross Hospital, of which school he was a distinguished student, carrying off several of the prizes and medals. For more than five years he acted as one of the medical officers to the Kent and Gloucester County Asylums. He was advised to travel for the benefit of his health, and on becoming completely restored settled in Jamaica, having obtained a colonial appointment in that island. From a local paper we learn that some months before his death he was bitten on the thumb by a dog, and shortly after he cut or scratched the same thumb whilst making a post-mortem examination. The symptoms of hydrophobia set in on Monday, January 27th, and he died after four days of great suffering on Thursday, January 30th. It appears that the dog who inflicted the injury is still alive, and has never shown any symptom of rabies. His untimely end, in the midst of a career of great promise, will be deeply regretted both in Jamaica and in England by the large number of friends to whom he had endeared himself by his sterling qualities and kindness of heart. His premature death is rendered all the more sad from the fact that he was on the point of being married, his bride elect returning from England a few days after his decease.

JOHN NORTH, F.R.C.S.

MR. NORTH commenced his professional life as Assistant-Surgeon in the Oxfordshire Militia at the close of the Peninsular war, and when stationed at Bristol had charge of a large number of recruits and French prisoners. After two or three years' service he left the regiment and began practice in London, when he at once devoted his attention to the special study of midwifery and the diseases of women and children, in which branch of the profession he soon became eminent. In after years he was appointed lecturer on these subjects, first at the Westminster School, and afterwards, on the death of Dr. Sweatman, in 1838, he succeeded him at the Middlesex Hospital. His lectures are still remembered by his old pupils as remarkable for careful preparation, lucidity, and often eloquence of expression, as well as for the sound, earnest, good, practical advice which they contained.

During the many years of a large practice, conducted with much energy and perseverance, he devoted all his spare time to literary pursuits, and, in addition to a work on "Convulsions of Infants," he was for some time editor of the *London Medical and Physical Journal*, a periodical long since defunct. Mr. North was the son of Benjamin North, Esq., of Woodstock, and Mary, daughter of Bartholomew Churchill, Esq., of Tadmarton. He was twice married, first to Miss Lyster of Dublin, and, secondly, to Miss Kerie of London, who survives him. He had retired from practice for some years, and ended a long, useful, and successful life respected and regretted by a large circle of friends. He died on March 6th at the age of eighty-three.

JOHN WREFORD BUDD, M.A.,
OF PLYMOUTH.

ONE of a large and distinguished family of successful practitioners passed away last week in the person of John Wreford Budd. A Master of Arts of Cambridge of 1828, he contented himself with the Cambridge licence to practise medicine, and did not take the M.D. degree. Settling in Plymouth, Mr. Budd became a widely-known and highly-esteemed practitioner. Combining great natural shrewdness and knowledge of humanity with considerable acquaintance with disease, he was regarded by the country folk as something more than human in his power of wrestling with disease and death, and he at one time had a very large practice among all classes of society. Of late years his increasing eccentricities did much to mar his prospects, but, notwithstanding, he was endeared to a large circle who will not fail to mourn his loss.

RICHARD MATTHEWS PRYCE.

ON the 29th of January, 1873, at Bournemouth, died Richard Matthews Pryce, of Newtown, Montgomery, aged twenty-seven years, of consumption, leaving a wife and one child to mourn his loss. Mr. Pryce served his apprenticeship with Dr. Parry, of Caersws, Montgomeryshire. After that he proceeded to University College Hospital, where he was known as one of those hard-working men who always make their own way. He obtained the Fellowes gold medal for Clinical Medicine, and other honours. He qualified at the College and Hall in 1866, and in 1867 went as an assistant to Dr. Barrett, of Welshpool, with whom he stayed until he joined Mr. Hall, of Newtown, in partnership, where he soon became known and appreciated. His early death may be attributed in some measure to his love of work.

He was appointed surgeon to the Newtown and Montgomeryshire Hospital. Such was his ability and energy that, had he been spared, there is not the least doubt that in a few years he would have taken a very leading position amongst the medical profession of Montgomeryshire. Early in 1872 he was attacked with pleurisy, and though he recovered from that, mischief was set up in his lungs, which continued steadily progressing until his death. He consulted his old teacher, Sir Wm. Jenner, who ordered him to Bournemouth for the winter, but he gradually got weaker, and sank on January 29th.

JOHN MARTIN, ESQ., L.D.S., PORTSMOUTH.

THIS well-known member of the dental profession died at Nice on the 21st inst. Mr. Martin had long enjoyed a very large practice at Portsmouth, and was well known for his liberality in all professional matters. He was very anxious to improve in every way the status of his profession, and spared no trouble in helping to found the Odontological Society, and in inducing the College of Surgeons to recognise the profession of which he was a member. Simply to encourage others, for his own position could not be improved, Mr. Martin became a Licentiate in Dental Surgery of the College of Surgeons in 1860, and he subsequently received the honorary degree of M.D. from a German university. For some years he had been in failing health, necessitating a winter residence at Mentone, where he gathered a considerable *clientèle* around him. His ailments proving more urgent, he removed to Nice a few weeks before his death.

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.

LORD CHELMSFORD, in moving the second reading of the Custody of Infants Bill, on the 24th inst., explained that its object was to extend to the age of sixteen the power given by Serjeant Talfourd's Act to the Court of Chancery to allow a woman separated from her husband the custody of her children till they were seven years old. It would also provide that no deed of separation should be void by reason of its containing clauses giving the wife access to or custody of her children. The Bill was read a second time.

HOUSE OF COMMONS.

Mr. COWPER-TEMPLE gave notice that he would move for a Commission into the expediency of requiring passenger ships to be supplied with life-belts or buoys for the use of passengers in case of accident.

Mr. STANSFELD, replying to Mr. Corrance, said he did not think it desirable for the Local Government Board to issue any more general instruction to the local authorities concerning the appointment of inspectors and health officers.

Mr. HEADLAM gave notice that on the 7th April he would move for a Bill to amend the Medical Act of 1858.

The Burials Bill was read a second time on the 26th inst.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 20th:—

Couldrey, James, Abingdon, Berks.
Finemore, James Harman, Plymouth, Devon.
Kay, Hildreth, Upton-place, Commercial-road.
Ley, John William, Lacey-street, Bow.
Parry, Thomas Sharp, Mold, Flintshire.

The following gentleman also on the same day passed his Primary Professional Examination:—

Clift, Martin Luther, St. Bartholomew's Hospital.

THE ROYAL SOCIETY. — The present session has brought forward fifty-three candidates for the fellowship of the Royal Society. In the list of names are the following members of the profession:—W. Aitken, M.D.; Sir William Armstrong, K.C.B., M.D.; J. Beddoe, M.D.; A. Carte, M.D.; Herbert Davies, M.D.; J. Fayrer, M.D.; Edmund C. Johnson, F.R.S.; George E. Paget, M.D., D.C.L.; Oliver Pemberton, M.R.C.S.; W. O. Priestley, M.D.; C. B. Radcliffe, M.D.; G. W. Royston-Pigott, M.A., M.D.; Sir Henry Thompson, F.R.C.S.; E. C. Truman, M.R.C.S.; A. Rattray, M.D., R.N.

THE MACCLESFIELD INFIRMARY.—This institution is now ready for the reception of patients, and the following gentlemen have been appointed by the governors as the medical staff:—Consulting Surgeons: Messrs. James Bland, M.R.C.S.; John Birchenhall, M.R.C.S.; and F. F. Lallemand, F.R.C.S. Honorary Medical Officers: Messrs. H. M. Fernie, L.R.C.P. Lond.; J. L. Rushton, M.D. St. Andrews; J. B. Hughes, M.R.C.S.; George Bland, L.R.C.P. Lond.; J. Somerville, L.R.C.P. Edin.; and J. P. Allwood, L.R.C.P. Lond. Honorary Surgeon-Dentist: Mr. T. W. Hardern, M.R.C.S. Mr. J. Bland and Mr. Birchenhall have been for some time honorary surgeons to the dispensary—the former, we believe, for thirty-two years.

BEQUESTS, &C., TO MEDICAL CHARITIES.—Miss Hannah Brackenbury, who died recently at Brighton, bequeathed £10,000 to the Royal Albert Asylum for Idiots, Lancaster; also £2000 to St. Bartholomew's Hospital, the interest to be given annually to the two best pupils in medicine and surgery for the year; £2000 each to the Royal Hospital for Incurables, the Convalescent Hospital at Cheadle, the Manchester Royal Infirmary, St. Mary's Hospital, Manchester, and the Ardwick and Ancoats Dispensary; £1000 each to the Cancer Hospital, Brompton, the Hospital for Consumption &c., Brompton, the Earlswood Asylum for Idiots, the Society for the relief of Widows and Orphans of Medical Men, the Salford Infirmary and Dispensary, and the Sussex County Hospital, Brighton; and £500 each to the Manchester Royal Eye Hospital, the Brighton and Hove Dispensary, and the Brighton and Hove Lying-in Hospital. Mr. Octavius E. Coope (Ind, Coope, and Co.) has given £5000 to the London Hospital.

THE PUBLIC HEALTH ACT, 1872.

ADDITIONAL appointments since the publication of our last table:—

[In the following list the letters "R.S.D." signify Rural Sanitary District and "U.S.D." Urban Sanitary District.]

Districts, and Medical Officers.			*Salary per ann.*	*Area in Acres.*	*Population.*
Aberavon, U.S.D.—Dr. James M. Phillips	...	...	Not fixed	...	3396
Abergavenny, U.S.D.—Dr. Samuel H. Steel	...		Not fixed	...	5500
Alnwick & Cannongate, U.S.D.—Dr. H. Candlish			£25		
Altrincham, U.S.D.—Dr. Gregory H. Attwell	...		£30	637	9478
Arnold, U.S.D.—Mr. Wright Allen	...	...	£20	4670	4634
Ashby Woulds, U.S.D.—Mr. William Joyce	...	...	£31 10s.	1876	3166
Atcham: Bridgnorth, Church Stretton, Cleobury Mortimer, Clun, Forden, Ludlow, Madeley, Newport (Salop), Shiffnal, Tenbury (R.S.Ds. combined)	...	Dr. W. N. Thursfield	£800	660744	149400
Banbury: Bicester, Chipping-Norton, Henley-on-Thames, Thame, Witney, Woodstock (R.S.Ds. combined); Bicester Market End, Chipping-Norton, Henley-on-Thames, Thame, Wheatley, Witney (U.S.Ds. combined)	...	Dr. G. W. Child	£760		
Bangor, U.S.D.—Mr. Thomas Humphreys	...		Fees for services rendered	...	7723
Barmouth, U.S.D.—Mr. Hugh J. Lloyd	...	...	£10	800	1175
Bath, R.S.D.—viz.:					
Batheaston &c. District.—Mr. Charles Harper			£25	6504	3735
Claverton &c. District.—Mr. F. W. Hanham			£20	1783	1551
Twerton &c. District.—Mr. William Mitchins			£25	4517	6171
Weston &c. District.—Mr. Robert Biggs			£25	4379	4330
Wellow &c. District.—Mr. Thomas M'Clure			£25	*10536	2903
Benfieldside, U.S.D.—Dr. William M. Renton			£8 8s.	1630	4434
Birkdale, U.S.D.—Dr. John Lang	...	...	£25	2214	3373
Bishop-Auckland, U.S.D.—Mr. John Jobson			£10	900	8500
Bradford, Wilts, U.S.D.—Dr. N. J. Highmore			Not fixed	...	5000
Brampton, R.S.D.—Mr. Alexander Thom	...	...	£70	95473	10606
Brecknock, R.S.D.—Mr. Evan Powel	...	...	Not fixed	76194	4531
Brigg, U.S.D.—Dr. Walter H. Paterson	...	...	£10	200	2204

Districts, and Medical Officers.	*Salary per ann.*	*Area in Acres.*	*Population.*
Canton, U.S.D.—Mr. Reginald T. Pearse	£10	...	8000
Cerne, R.S.D.—viz.:			
Western District—Mr. John Ewens ...	Appointed for 6 mos. with addition of 25 per cent. on salaries as union medical officers.	18044	2871
Eastern District—Mr. Wm. M'Enery ...		22500	3405
No. 3 District—Dr. Thomas Fielding ...		4711	640
No. 4 District—Mr. John J. Clapcott ...		2565	345
Chichester, U.S.D.—Mr. Frederic J. Freeland ...	Not fixed	1680	8059
Chippenham, U.S.D.—Dr. Thomas Kitchener ...	Not fixed	218	5000
Clifton, R.S.D.—Mr. David Davies	£100	22530	17510
Crickhowell, R.S.D.—viz.:			
Crickhowell District—Mr. Evan Parry	£35	33798	5275
Llanelly District—Mr. Charles P. Skrimshire	£35	5181	7541
Hill District—Mr. James E. Peirce...	£24	11752	7335
Droylesden, U.S.D.—Mr. Robert Slater	£20	1144	6768
East Retford, U.S.D.—Mr. Wm. Pritchard... ...	Not fixed	...	3020
Eton, R.S.D.—viz.:			
Burnham District—Mr. Geo. F. Masterman...	£22 10s.	12880	4843
Colnbrook District—Mr. Albert J. Southey...	£10	3220	1565
Denham District—Mr. Geo. H. Macnamara...	£7 10s.	4880	1234
Eton District—Mr. James W. Gooch	£11	2320	4251
Hedgerley District—Dr. Frederick J. Wadd...	£5	1400	417
Iver District—Dr. Frederick A. H. Robson ...	£16 10s.	6900	4200
Stoke District—Mr. John Brickwell	£10	5910	2481
Upton District—Mr. William U. Buée	£8 15s.	1930	6039
Eye, U.S.D.—Dr. Edgar G. Barnes	...	4323	2306
Folkestone, U.S.D.—Mr. William Bateman ...	£60	2697	12694
Gainsborough, U.S.D.—Dr. Draper Mackinder...	£10 10s.	3156	7500
Gorton, U.S.D.—Mr. Edward Kennedy	£20	1400	23000
Great Crosby, U.S.D.—Mr. Francis W. Barnes...	£20	1840	3000
Guildford, U.S.D.—Dr. John Morton	£21	531	9106
Hunslet, R.S.D.—Mr. James Nowell	£80	6000	5510
Ilfracombe, U.S.D.—Dr. Edwyn J. S. King... ...	£40	5583	6403
Leek, R.S.D.—Mr. Thomas Edward Dakeyne ...	£80	65691	13145
Lyme Regis, U.S.D.—Mr. David S. Skinner	10s. 6d. for every occasion on which his services shall be required by the authority.	...	2400
Malvern, U.S.D.—Mr. Walter Tyrrell	£100	4000	5894
Manchester, U.S.D.—Mr. John Leigh	...	4349	383843
Marlborough, R.S.D.—viz.:			
District No. 1—Dr. James Blake Maurice ...	...	29075	4175
„ 2—Mr. Francis James Ryder ...	...	14822	2150
Monmouth, R.S.D.—viz.:			
Monmouth District.—Mr. J. M. Woollett ...	Not yet fixed	8717	1064
Rockfield „ Dr. G. Allen Norman...		17870	2218
Skenfrith „ Mr. James Lane		14064	1915
Raglan „ Mr. H. C. Shepard ...		13739	2135
Trelleck „ Dr. George Mayou ...		9915	2390
Coleford „ Mr. John Hatton ...		10672	12654
Monmouth, U.S.D.—Dr. George Mayou	Not fixed	5707	5874
Penryn, U.S.D.—Mr. George W. Trenery	£30	289	3636
Richmond, Yorkshire, R.S.D.—Mr. T. Carter ...	£130	76000	9000
Rawmarsh, U.S.D. / Rotherham, R.S.D. / Rotherham, U.S.D. } combined.—Mr. Edm. J. Syson	£600	50060	55330
Roath, U.S.D.—Dr. Henry J. Payne	Not fixed	...	6000
Rotherham, R.S.D. / Rotherham, U.S.D. } combined with Rawmarsh U.S.D.			
Sheppey, R.S.D.—Mr. George Bland	£20	21623	3716
Shirley, U.S.D.—Mr. William B. Winkfield ...	£50	1496	4839
Smethwick, U.S.D.—Mr. William Sutton	£50	1882	17158
South Hornsey, U.S.D.—Mr. T. S. H. Jackman...	£25	290	8000
South Stoneham, R.S.D.—viz.:			
District No. 1.—Mr. Alfred Pern	Deferred for 12 months	5610	3651
„ No. 2.—Mr. Robert Ives		7496	3067
„ No. 3.—Mr. Henry Dayman		1511	5027
„ No. 4.—Mr. Robert Shiels		4360	4020
„ No. 5.—Mr. Charles J. Symonds ...		4060	6316
Stockton, R.S.D.—Mr. John Wilson	£400	51072	10300
Throston, U.S.D.—Dr. George Moore	£15	300	2500
Tisbury, R.S.D.—Mr. John A. Ensor	£100	41943	9862
Walsall, U.S.D.—Dr. George Overend Drewry ...	£100	8000	50000
West Bromwich, U.S.D.—Mr. John Manley ...	£50	5000	40000
Westbury and Whorwellsdown, R.S.D.—Mr. Job Lockyer Seale	£100	30543	11525
Willenhall, U.S.D.—Mr. William H. Hartill ...	£25	...	18000

Medical Appointments.

ALLWOOD, J. P., L.R.C.P.L., M.R.C.S.E., has been appointed an Honorary Surgeon to the Macclesfield Infirmary and Dispensary.

BARNES, G., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer of Health for the Chard Urban Sanitary District: £150 per annum.

BARTER, C. S., M.B., F.R.C.S.E., has been appointed Surgeon to Bellott's Hospital, Bath, vice W. A. Cox, M.R.C.S.E., resigned.

BOASE, F., M.R.C.S.E., has been appointed Medical Officer of Health for the Penzance Urban Sanitary District.

BOOKER, G., M.R.C.S.E., has been appointed Medical Officer of Health for the Ecclesall-Bierlow Rural Sanitary District: £30 per annum.

BOTT, J., M.R.C.S.E., has been appointed Resident Medical Officer to the Isle of Man General Hospital and Dispensary, vice Harrison, resigned.

BRIZZEL, W. J., L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator for the Marshfield District of the Newport Union, Monmouthshire, vice Jennings.

BRUNTON, W. R., M.R.C.S.E., has been appointed Medical Officer of Health for the Tamworth Rural Sanitary District.

COLLIER, T., M.R.C.S.E., has been appointed Medical Officer of Health for the Ripon Rural Sanitary District: £150 per annum.

DOWELL, R., M.R.C.S.E., has been appointed Medical Officer of Health for the Hinderwell Urban Sanitary District: £15 per annum.

DUFF, G., M.D., L.R.C.S.Ed., has been appointed a Visiting Medical Officer to Gray's Hospital, Elgin, vice Robb, deceased.

ELLIOTT, C., M.B., L.R.C.S.I., has been appointed Assistant House-Surgeon to the General Hospital, Bristol.

ELLIOTT, T., M.B., has been appointed House-Surgeon to the General Hospital, Bristol, vice Saunders, resigned.

GRAMSHAW, H., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer of Health for the Tendring Rural Sanitary District.

GRAY, F. A., M.R.C.S.E., has been appointed House-Surgeon to the Seamen's Hospital, Greenwich, vice Richmond, whose term of office has expired.

GREGORY, J., L.R.C.P.Ed., has been appointed Medical Officer of Health for the Rusholme Urban Sanitary District: £52 10s. per annum.

HAWKES, J., M.D., F.L.S., Assistant Resident Physician to the Middlesex County Hospital at Hanwell, has been appointed Resident Medical Superintendent of Westbrooke House Asylum, Alton, Hants.

HOPE, W., M.D., M.R.C.P.L., has been appointed Senior Midwifery Assistant to St. Bartholomew's Hospital.

HUGHES, J. B., M.R.C.S.E., has been appointed an Honorary Surgeon to the Macclesfield Infirmary and Dispensary.

JONES, R., M.R.C.S.E., has been appointed Medical Officer for the Clunbury and Hopesay District of the Clun Union.

KENNY, M. A., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Holme-on-Spalding-Moor District of the Howden Union, vice Snell, resigned.

LANE, J. W., M.D., has been appointed Medical Officer for the Bishops-Castle No. 2 and the Norbury Districts of the Clun Union.

LEMON, H. M., M.D., has been appointed Medical Officer for the Lydbury District of the Clun Union.

LEWTAS, J., M.R.C.S.E., has been appointed House-Surgeon to the Seamen's Hospital, Greenwich, vice Buller, whose term of office has expired.

OWEN, A. LL., B.A., M.B., M.R.C.S.E., has been appointed Surgeon and Agent to the Southsea and Langston Harbour Coast-guard Stations, vice E. Elliott, M.D., resigned.

PARRY, E., M.R.C.S.E., has been appointed Medical Officer of Health for the Crickhowell District of the Crickhowell Rural Sanitary District: £35 per annum.

PEIRCE, J. E., M.R.C.S.E., has been appointed Medical Officer of Health for the Hill District of the Crickhowell Rural Sanitary District: £24 per annum.

PHILLIPS, W. W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Farnsfield District of the Southwell Union, vice Eaton, resigned.

PROVIS, W., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer of Health for the Mere Rural Sanitary District: £45 per annum.

REED, J. T., L.R.C.P.Ed., M.R.C.S.E., has been appointed Medical Officer of Health for the Ryhope and Tunstall District of the Sunderland Rural Sanitary District: £25 per annum.

REID, F., L.R.C.P., M.R.C.S., L.M., has been appointed Medical Referee for London to the Norwich Provident Insurance Society.

RICHARDS, G. P., L.R.C.P.Ed., has been appointed Medical Officer for the Kingsclere District and the Workhouse of the Kingsclere Union, vice Fowler, resigned.

SEALE, J. L., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer of Health for the Westbury and Whorwellsdown Rural Sanitary District: £100 per annum.

SKRIMSHIRE, C. P., M.R.C.S.E., has been appointed Medical Officer of Health for the Llanelly District of the Crickhowell Rural Sanitary District: £35 per annum.

SOMERVILLE, J., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed an Honorary Surgeon to the Macclesfield Infirmary and Dispensary.

THOMAS, J. H., L.R.C.P.L., M.R.C.S.E., has been appointed Physicians' Assistant to the General Hospital, Bristol, vice Burroughs, resigned.

WELSH, J., L.F.P.&S. Glas., has been appointed Medical Officer for the Clun District of the Clun Union.

Births, Marriages, and Deaths.

BIRTHS.

JEFFREYS.—On the 22nd inst., at Chesterfield, the wife of Richard Jeffreys, M.R.C.S.E., of a son.

JONES.—On the 23rd inst., at Caerffynnon, Dolgelly, North Wales, the wife of Edward Jones, M.D., M.R.C.S.E., of a son.

MOORE.—On the 10th inst., at Jesson-street, Coventry, the wife of Milner M. Moore, L.R.C.P.L., M.R.C.S., of a daughter.

STONEY.—On the 26th inst., at Holborn-hill, Cumberland, the wife of P. Butler Stoney, M.R.C.S.E., Medical Officer to the Hodbarrow Mines, &c., of a daughter.

MARRIAGES.

HUNTER—GLEN.—On the 18th inst., at Linlithgow, George Hunter, M.D., F.R.C.S.Ed., to Agnes, daughter of Robert Riddock Glen, Esq.

PULLAR—VINEN.—On the 20th inst., at St. Peter's, Bayswater, Alfred Pullar, M.D., to Marianne (May), daughter of F. A. B. Vinen, Esq.

DEATHS.

BLAIR.—On the 18th inst., B. Blair, M.D., of Moneymore, Co. Londonderry.

DENNY.—On the 16th inst., at Prince's-street, Tralee, Geo. Anthony Denny, M.B., aged 30.

DOW.—On the 20th inst., at Sockwood, Yorkshire, John Dow, Surgeon.

DOWSE.—On the 21st inst., at Plymouth, R. Dowse, Inspector-General of Hospitals, aged 79.

EASTON.—On the 22nd inst., A. Easton, L.R.C.S.Ed., of Queen-street, Scarborough, aged 76.

HARRISON.—On the 21st inst., at Randolph-gardens, J. Harrison, F.R.C.S.E., Surgeon-Major, late Grenadier Guards.

MEADOWS.—On the 17th inst., at Otley, Suffolk (of Bright's disease), G. P. Meadows, M.R.C.S.E., aged 58.

Notes, Short Comments, and Answers to Correspondents.

THE FEMALE ORPHAN ASYLUM AT CALCUTTA.

THE results obtained at the European Orphan Asylum at Calcutta have been somewhat remarkable. Dr. Fayrer, in his Report on that institution for a period of six years commencing January, 1863, remarks that the very small mortality, as well as the small amount of sickness, prove that the European child, under proper hygienic conditions and careful physical training, may live and thrive on the plains of Bengal almost as well as in its native country. It is not merely in the absence of any serious disease and the low death-rate that this is manifested, but in the vigorous, healthy appearance of the children generally. In a school of nearly seventy girls, during a period of six years, there had not been, Dr. Fayrer reports, a case of cholera, and only one death from dysentery. A few cases of typhoid fever occurred, with one death; and diseases of the liver and spleen, whether from malaria or other causes, had been singularly few.

Colonel Boyer.—There is nothing in law to forbid the titles in question.

A CASE OF POISONING BY A LARGE DOSE OF OPIUM; RECOVERY.

To the Editor of THE LANCET.

SIR,—The following case, which occurred recently in my practice, will be found to exhibit points of interest to the profession.

On March 8th, at noon, I was summoned to attend Mrs. D——, aged thirty-eight. On arriving at the house, I was informed that she had taken laudanum, and was locked in her room. I burst open the door, and found my patient in bed, in a comatose state, snoring loudly; the pulse was feeble; pupils contracted; countenance very livid; the nails, too, were quite purple. On the chimney-piece was a four-ounce bottle, empty, which had contained tincture of opium. I was told the bottle had been half filled, and given to her by the servant over night. I at once called in the help of Mr. Turner, a brother-practitioner, and administered a full dose of sulphate of zinc, without any effect. We then applied the stomach-pump, removing about a pint of fluid, smelling strongly of opium. After washing out the stomach with warm water and again removing the contents, we gave strong coffee, but nothing appeared to rouse our patient from her lethargy. After an hour we found the pulse more feeble, and intermittent at every eighth beat. I then applied electro-galvanism over the heart and to the cervical plexus, which appeared to improve her circulation, but had no apparent effect upon her death-like sleep. At 1 P.M. she appeared to be sinking. We administered brandy, which was swallowed somewhat better; but the lividity of her hands continued, although the irregularity of the heart's action was improved, and the force of the pulse stronger. At 2 P.M., as a last resource, we agreed to apply electricity again. I used the highest power I could obtain, and with decided success; for on speaking firmly to her she would rouse herself to put out her tongue, swallowing brandy-and-water when told to do so.—3 P.M.: The hands are now warm, and all lividity gone. She is still very drowsy, but moves her feet on being tickled.—4 P.M.: Still improving. We have applied sinapisms to her calves and back of neck. She can open her eyes, but the pupils do not act.—5 P.M.: The sinapisms have reddened the legs and back of the neck. She is warm, and hears much better.—6 P.M.: After giving her some beef-tea she was very sick, and threw up the coffee she had taken at the commencement.—7 P.M. She spoke in answer to a question, and was a little restless, being again sick. She continued to improve. We remained all night with her, taking turns. I found her quite conscious when I went to see her at 3 A.M., but the pupil was still immovable. I gave her an aperient, which was immediately rejected. She had some champagne, which revived her.

March 9th.—My patient much better. She sighs, and says she is sorry she took the poison, but wished it had been fatal; for she was tired of living and wished to die. In the afternoon I found her improving and able to converse, but she could not recollect when she took the poison.

10th.—My patient to-day confesses to have taken a tumblerful of tincture of opium at 10 P.M. on Friday, together with two biscuits. She then lay down, and soon fell off to sleep. In all she had hoarded up eight ounces of tincture of opium; two bottles we found hidden in her stockings, which had contained two ounces and four ounces, together with the two ounces in the bottle I found on the chimney-piece.

Up to the present time she has quite recovered, with the exception of slight paralysis of the right arm. She will be put under restraint, for her mind is unsound, and she had been some years ago in St. Luke's as a patient.

This case, I am sure, will be most interesting to the readers of your journal, from the fact that, after taking the large dose of eight ounces of tincture of opium, and not being discovered until fourteen hours after, the lady should recover; but I believe the very large dose so paralysed the absorbents and the stomach that it was as though shut up in a bottle, all the functions of digestion being quite stopped, and merely the circulation carried on feebly by the nerves which govern it, without their being affected by the poison. I believe the electro-galvanism really roused the patient; for it was impossible to move her about, and when applied it caused forcible contraction of the muscles. Yours truly,

High Wycombe, March 21st, 1873. R. M. BOWSTEAD, M.D.

Mr. J. Waring Curran.—The coroner has large discretionary powers; but in the case mentioned we think he should have held an inquest. The fact of a man having cold in November is no explanation of his sudden death in February.

THE letter of *A Professional Sufferer* shall be considered.

TREATMENT OF ECZEMA.

To the Editor of THE LANCET.

SIR,—I advise "Eczema" to give his patient full doses of colchicum and aconite, and stop all stimulants. This, in my opinion, will cure the patient. I have lately had two cases similar. Yours, &c.

March, 1873. ALCOHOL.

DENOMINATIONALISM IN DUNDEE INFIRMARY.

A CORRESPONDENT of the *Dundee Advertiser*, being also a Life Governor of the infirmary, complains of the dominance of a denomination in the management of the institution—a denomination numerically weaker than others, and distinguished from others by its denunciation of everything like denominationalism in public matters. The Life Governor complains especially that the feelings of the medical staff have been disregarded in the recent election of a medical superintendent, and that the denominational party has prevailed. Sufficient proof of these allegations is not adduced in the Life Governor's statement; but the mere fact that they are boldly made in a respectable local paper is a reason for advising all friends of the infirmary to refuse to be influenced by such absurd considerations in making hospital appointments.

S. W.—We cannot answer the question without knowing more of the facts.

THE STOMACH-PUMP ASPIRATOR.

To the Editor of THE LANCET.

SIR,—As some surgeons might urge as an objection to my adaptation of the stomach-pump as an aspirator that the character of the fluid extracted cannot be at once seen, I write to inform you that Messrs. Louis Blaise and Co., of St. James's-street, have, at the suggestion of Mr. H. Debenham, of Presteigne, Radnor, introduced a small piece of glass tubing a short distance above the needle, so that the character of the fluid can be seen directly it begins to flow into the tube. I have myself also, as an extra precaution against the introduction of air, placed a small stop-cock immediately above the needle; this should be closed before the introduction of the needle, and not opened till the air in the tube and syringe is exhausted.

As pointing out the necessity for every practitioner possessing an aspirator, I may perhaps be allowed to relate the following case.

I was called in a short time ago to see an old gentleman, who was said to have had a fit. I found him evidently suffering from uræmic poisoning. His wife informed me that he had suffered with stricture as long as she had known him, a period of over seventeen years; and although the difficulty in passing urine had gradually been getting worse, he had never informed his medical attendant of the fact, and consequently no treatment for it had ever been adopted. As he had not passed any urine at all for more than six-and-thirty hours, the first thing to be done was to draw it off. This I attempted to do in the usual manner, but met with an obstruction at about two inches from the meatus. After much trouble I managed to pass the smallest bulbed catheter through this, but only to meet with another obstruction about two inches further on; through this I was quite unable to pass an instrument of any kind. I then sought the assistance of a consulting surgeon, who also failed to overcome the obstruction. Our next idea, of course, was to puncture the bladder through the rectum, but were foiled by the prostate being so much enlarged that it was impossible to reach with the finger beyond it. Forcible catheterism was out of the question, the stricture being situated too anteriorly, and its extent uncertain. Our only resource, then, was to puncture above the pubes. Luckily I was in possession of my stomach-pump aspirator, by means of which we drew off a large quantity of very fetid urine, with evident relief to the patient; the bleeding was nil, and the puncture so small that its site could with difficulty be discovered the next day. This proceeding was repeated on four several occasions, without producing the slightest local mischief.

Now, of course, we might have used the ordinary trocar and canula; but I very much doubt whether we should have been able to draw off any large amount of the urine, as the habitually distended bladder had, doubtless, lost much of its contractility, and the patient, being in a state of semi-stupor, was quite unable to assist it by voluntary contraction of the abdominal muscles.

In this case the aspirator was invaluable. The instrument is so easily used, and the results so satisfactory, that it becomes a question whether puncture by the rectum and forcible catheterism should not in future be abolished from the list of surgical operations.

Yours obediently,

A. GODRICH, M.A., M.R.C.S., &c.

Fulham-road, Brompton, March 13th, 1873.

Mr. John Moir.—The first question is one upon which a dogmatic answer from us would not be seemly. The exudation in diphtheria varies very much, and is, we should say, decidedly distinct from that of idiopathic croup.—2. Apply to the Secretary of the Company.—3. A general medical practitioner under such circumstances cannot claim.

H. O.—1. Write to the Secretary of the Royal College of Surgeons.—2. The appointment requires a double qualification.—3. Our correspondent can have no difficulty in forming an opinion of the documents he encloses for our inspection.

Dr. Henry Beattie should find out a little more about the gentleman in question.

ARMY MEDICAL WARRANT, 1873.

To the Editor of THE LANCET.

SIR,—If this Warrant is to work at all, the following alterations must be made in justice to us by the issue of a special circular.

1. "Forage" should be inserted in Clause 5.

2. "Except for choice of quarters" added to "junior of the latter rank," as is in Pay and Promotion Warrant, 1867.

3. "Unless in any special case it would be for the good of our service that the officer should continue in employment," should be expunged from the end of Clause 20; and also the latter part of Clause 5, "regimental seniority."

Unless these changes are adopted endless trouble will arise. A regulation as to change of quarters cannot be too distinctly stated, as it is not fair to bring in men constantly junior of their rank, as they must under a five years' tenure. If, for the convenience of the Government, officers are placed in regiments, they should rank on their original date of commission.

Yours, &c.,

March 20th, 1873. AMICUS.

*** We are compelled to defer the insertion of several letters on this subject.—ED. L.

KILLING TWO BIRDS WITH ONE STONE.

THE stone in this case—not the first case of the kind—is a sermon. The preacher is Dr. Lambart, of Liverpool, who lectures on Sunday afternoons on the Body and its Diseases. Dr. Lambart is not only minister of Holy Trinity Church, but M.D. Dublin, and M.R.C.S. Eng. The lecture, as reported in a Liverpool paper, contains lively allusions to the case of Napoleon III., with complimentary references in passing to "a Gull," to "the intelligence of Thompson," to "the knife in the hands of Sir William Fergusson or Spencer Wells of London, or Dr. Graham of this town." A collection at the end of each lecture is made to defray expenses. It must be difficult to fix the attention on affairs of the soul when stone and other vulgar physical subjects are under discussion.

Dr. H. Gramshaw is thanked for his note. The paper has not been forgotten.

TREATMENT OF ACNE ROSACEA.

To the Editor of THE LANCET.

SIR,—Having noticed a letter giving an account of the treatment of acne rosacea by the local application of nitrate of silver and strong mercurial ointment, I venture to ask the question of the profession whether, considering the low vitality of the part and the congested state of the capillaries, there may not be a great danger of producing ulceration, or perhaps epithelioma.

I have a case at present under my care, occurring in a lady of thirty-six years of age. The disease commenced during her fourth pregnancy, and has become worse with each pregnancy. She is now in the third month of her seventh pregnancy, and the condition of the part affected is that the apex of the nose and both alæ nasi are bright-red and slightly tuberculated. There are also two patches, one on each cheek, at the base of the nose. The reddened parts are always hot to the touch, and very irritable; sometimes a sebaceous gland inflames and suppurates. The only treatment which has been productive of benefit is liquor potassæ in half-drachm doses. Various drugs have been used—viz., iodide of potassium, arsenic, bichloride of mercury, &c. The patient is very temperate, frequently abstaining from all kinds of alcoholic drinks for months together, and never exceeding two glasses of sherry per diem when she takes wine. She is otherwise in good health. As long as the liquor potassæ is taken regularly, the disease does not spread; but as soon as the remedy is left off, little pustules form and break, causing the greatest amount of discomfort; but the real misery is that she is so disfigured that she does not like to go into society. The disease was produced in the first instance by wearing a veil in very cold weather. The veil became wetted by the condensed breath, and the extreme end of the nose became reddened, and a few pustules formed upon it. It remained stationary for some months, and then began to spread.

I shall be very pleased to receive any hints for the management of the case, but fear to try the heroic treatment by caustic.—Yours, &c.,

March, 1873. F.R.C.S.

A Constant Reader.—The preparation of good pepsin in powder is a matter of great difficulty, and most commercial samples are nearly worthless. According to Professor Tuson (THE LANCET, Aug. 13th, 1870), the powder made by Messrs. Bullock and Reynolds is much better than any other. Some recent experiments by Scheffer seem to prove that alcohol in any quantity injures or even destroys the digestive power of pepsin. The wisdom of using wine as a vehicle is therefore more than doubtful.

Mr. E. Crouch.—The holder of the licence mentioned is legally qualified to treat surgical cases, and can recover any reasonable costs in a court of law.

MEMORY.

To the Editor of THE LANCET.

SIR,—In reading Dr. Radcliffe's most instructive and interesting lecture on Mind, I was forcibly reminded of a passage in Timbs' "Things not Generally Known" concerning a very curious mental phenomenon. I quote the paragraph *verbatim*: "Mr. S. Warren says, 'I do not know how to express it, but I have several times had a transient consciousness of mere ordinary incidents then occurring having somehow or other happened before, accompanied by a vanishing idea of being able to predict the sequence.'" I have myself occasionally experienced this remarkable sensation, and have been much puzzled to account for it; and the only explanation of it that has occurred to me is this: One's ordinary daily life is made up of an infinite number of the merest trivialities, and it is just possible that now and then in the course of years two or three of these may recur *in the same sequence*; and this recurrence reminds one of the former sequence, and gives one a momentary and "vanishing" idea that the sequence may continue. I can think of no other explanation of a sensation that has perplexed me considerably; and if this be the true one, it helps to prove the "indelibility of the records of memory," and that "reliques of sensation may exist for an indefinite time in a latent state in the very same order in which they were originally impressed."

Yours faithfully,

March, 1873. A. B. B.

A CORRESPONDENT at Guildford is thanked for his communication relative to the case of Jesse Woolgar. The matter shall be noticed next week.

Mr. L. Robertson.—It is impossible for us to send private replies to inquiries. Fifteen guineas would be a fair charge.

PARALYSIS OF FOREARM AND HAND AFTER FRACTURE OF HUMERUS.

To the Editor of THE LANCET.

SIR,—Can you or any of your readers enlighten me upon the following case?

An elderly man about two months since slipped on the pavement, and sustained a fracture of the right humerus at about the junction of the middle with the lower third, besides getting very much shaken. Soon after the accident he discovered that he had no sensation or power of motion from the elbow downwards. The accident occurred in town; but during the last three weeks he has been under my care in the country. I have used galvanism, friction, &c., with but little or no avail. Both the forearm and hand are very much swollen, but the circulation continues good.

Do you consider the prognosis favourable or otherwise, and can you suggest any other treatment likely to be beneficial?—Yours truly,

March 12th, 1873. A COUNTRY SURGEON.

Anti-Jobbery, judging from the facts concerning elections of medical officers of health which have hitherto come to our knowledge, so far as testimonials are concerned, has, we think, missed selection in the different places for which he has been a candidate from an error of judgment. He has, in fact, been his own worst enemy. The greater number of the testimonials he sends to us for examination refer to periods of from six to twelve years ago, and were given in view apparently of a resident medical officership of some institution. Four only of the entire series are of recent origin, and of these but two relate to the appointment of medical officer of health; and of the two, one only comes from a gentleman competent to judge on the subject of qualifications. In fact, the testimonials sent in by "Anti-Jobbery" practically put him out of court. Now, it is quite obvious to us that a gentleman who could command the excellent testimonials which our correspondent obtained a few years ago for the appointment he was then seeking could equally command excellent testimonials for the appointment he is now seeking; and we do not see that, if he has not thought fit to take the trouble to obtain such testimonials, he has any reasonable grounds of complaint against the electing bodies who have not placed him upon their selected lists.

CONGENITAL ABSENCE OF THE ENTIRE PECTORALIS MAJOR MUSCLE.

To the Editor of THE LANCET.

SIR,—Permit me to record another case of the above anomaly in addition to the one shown by Dr. Burney Yeo at the meeting of the Clinical Society on the 28th ult.

Four years ago, in India, while at the house of a cavalry officer, a *quondam* medical student, he took the opportunity of exhibiting this freak of nature. He was a man of powerful build, and excelled at all athletic sports. There seemed a great triangular depression on the right side of the thorax; but it was at once seen that this was not due to any falling in of the ribs. The well-developed left breast, and the large rounded right shoulder, rendered the absence of the muscle extremely well marked, especially at the acromial end of the clavicle, where there was a very well-defined hollow.—Yours, &c.

March 17th, 1873. W. F.

Mr. Alex. Fergusson.—The circular is a characteristic specimen. The public must work out its own defence against quackery. If medical men interfere, their motives are misconstrued.

Police.—We should recommend our correspondent not to go to law, but to take a guinea.

O. O.—The qualifications are ample.

Physician.—Mutual Providence Alliance, 2, Albion-place, Blackfriars.

ACTION OF IODIDE OF POTASSIUM.

To the Editor of THE LANCET.

SIR,—I have a patient suffering from anomalous nervous symptoms, which are apparently the result of syphilis, and which are much benefited by the administration of iodide of potassium. Unfortunately, however, my patient suffers from chronic bronchitis, and I find it impossible to administer the drug for any lengthened period, owing to the severe coryza and bronchial catarrh it occasions, causing great distress, and rendering a suspension of the drug imperative. I should be greatly obliged by any of your readers suggesting a mode of administering the drug by which its therapeutical effect might be obtained without such severe physiological action. I have given it in doses of from four to ten grains thrice daily.—Yours truly,

March, 1873. D.

QUACK ADVERTISEMENTS AND PRIVATE HOUSES.

Dr. A. Julius Pollock sends us the following circular, found by him in his letter-box, and addressed to "The Lady of the House." Dr. Pollock supposes that, "as usual, we are powerless" to prevent the circulation of such advertisements. It is none the less an intolerable nuisance which should be brought under the notice of the police, and dealt with by them as a part of the system of filth known as secret medicine:—

"TO MARRIED AND SINGLE LADIES.—Madame De La Motte, widow of the late Doctor Victor De La Motte, is the sole possessor of a medical secret, made known to her by her late husband, and is therefore able to give valuable and important information to all ladies; thereby saving them from much physical exhaustion, loss of flesh and pain.—Address (by letter only), Madame De La Motte, 135, Great Titchfield-street, Oxford-street, W.

"N.B.—No charge of any kind for advice or consultation. All letters answered immediately.

"London, 1873."

Mr. G. D. Beadnell.—A reasonable charge should be made for services rendered through the assistant; but we could scarcely recommend taking the matter into court.

W. L. (Dublin) should consult some respectable practitioner in his own neighbourhood.

Mr. H. Keate, (Shrewsbury.)—The letter and address of Dr. Dunbar Walker are contained in THE LANCET of Jan. 18th of the present year, p. 116.

"DOCTORS" BY PURCHASE.

To the Editor of THE LANCET.

SIR,—My attention was directed to a copy of an advertisement forwarded to you by a correspondent, and inserted in your journal of the 8th inst., in which it was publicly announced that a *genuine degree* of LL.D. could be purchased for two guineas, and that the advertiser would assist candidates in preparing the necessary pamphlet. Having had my suspicions strongly aroused by such an extraordinary announcement, I have made the fullest inquiry into the matter, and find the whole affair is a cunning hoax, of which I believe I have discovered the author, and the intention of which must be obvious to all intelligent readers. Yours obediently,

March, 1873. INQUIRER.

*** Our correspondent should adduce the particulars of his discovery.—ED. L.

Gulielmus.—1. Sulphovinate of soda, now generally called sodium-ethyl-sulphate, is prepared by mixing equal weights of alcohol and sulphuric acid, warming to 212° F., digesting with lead carbonate, and filtering. The filtrate contains lead-ethyl-sulphate, which is then treated with sodium carbonate as long as any precipitate forms. The liquid is again filtered, and on evaporation *in vacuo* yields crystals of sodium-ethyl-sulphate. — 2. Tessié du Motay's process for preparing oxygen consists in passing steam over an alkaline manganate contained in a retort. Oxygen is expelled; but the mixture in the retort is restored to its former condition if it be heated and submitted to a current of air. We think Mr. Robbins, of Oxford Street, supplies oxygen in a condensed form.

Mr. E. M. Wreed.—The success of the prosecution would depend on the intelligence of the magistrate.

THE TREATMENT OF DRUNKARDS.

To the Editor of THE LANCET.

SIR,—It is a melancholy fact that the abuse of alcoholic liquors is a source of misery and ruin in many families; it is also a fact that the victims of the vice do often make attempts, really earnest, but too frequently futile, at self-reformation. I would appeal to gentlemen who have had experience in treating such cases to favour the profession and the public with detailed information of the treatment, medical and moral, of one or two successful cases. Duly instructed and cheered by the prospect of cure, the inebriate and his friends would be stimulated to adhere to the treatment which had proved successful in well-authenticated similar cases. Medical officers of establishments in which patients place themselves voluntarily for the cure of dipsomania might give useful information, and are hereby respectfully appealed to. Yours, &c.,

March, 1873. Z.

Dr. E. Preston Mead.—There are discrepancies of statement between Dr. Mead and Mr. Taylerson. We are still of opinion that a Poor-law medical officer is not called on to continue to act as a Poor-law officer when the parish has declined longer to regard the patient as a fit object of parish relief. Mr. Taylerson says they were old patients of his own. In any case it is right, in such circumstances, to give the patient full freedom of choice. But we must still regret that Dr. Mead should have appeared before the guardians as the accuser of Mr. Taylerson, and that Mr. Taylerson gave a very good account of his action in the case.

Subscriber.—There is no such Act.

Mr. J. William Curry.—Doubtless our correspondent's subscription will be returned.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir H. Thompson, London; Mr. Plimsoll, M.P.; Dr. Wm. Smart; Dr. Rogers; Dr. Deane; Mr. E. C. Baker, London; Mr. W. Darnell, Accrington; Mr. T. Gooding, Hamilton, U.S.; Mr. Casey, Charlton; Dr. Robertson, Cheltenham; Mr. Barter, Bath; Mr. Holmes, Richmond; Mr. Hatt, London; Mr. Hind, Northampton; Mr. Cox, Manchester; Mr. Cripps, Waterford; Mr. Taylor, Sheffield; Mr. W Kelly, Newport; Mr. Bartlett, London; Mr. G. Eastes, London; Dr. Budgett, Paris; Mr. Reid, London; Mr. Harding, Rochford; Mr. James, Ross, New Zealand; Mr. O'Flanaghan, Houghton-le-Spring; Dr. Jones, Dolgelly; Mr. De Grave, Fordingbridge; Mr. Barber, Selby; Mr. W. Oakley, Mitcham; Mr. Cameron, Glasgow; Mr. Oakfield, Walton; Dr. Ogilvie Will, Aberdeen; Mr. Blakey, Brecon; Mr. Atkins, Litchfield; Mr. Cann, Stockport; Mr. Walker, Blandford; Mr. Bruton, Ipswich; Rev. C. B. Gibson, London; Mr. Goode, Bridgwater; Mr. More, Walton; Mr. Kemp, Coldstream; Mr. Meadows, Otley; Mr. Hartry, Manchester; Mr. Owen, Southsea; Mr. Widwinter, London; Mr. Blake, Chippenham; Dr. Tizard, Weymouth; Mr. J. Sutherland, Manchester; Mr. Brunton, Tamworth; Mr. Reed, Ryhope; Mr. J. S. Wilkinson, London; Mr. Boyd, Brighton; Dr. Mackintosh, Southsea; Dr. J. B. Yeo, London; Mr. Wallis, London; Dr. Bowstead, High Wycombe; Mr. F. W. Lowndes, Liverpool; Dr. Allen, Fort William; Mr. Watkin, Leicester; Mr. T. Holwell, Edinburgh; Mr. Robinson, Wigan; Mr. F. G. Brown, London; Dr. Roberts, Newbury; Dr. Theobald, Baltimore; Mr. Jordan, Moseley; Mr. J. Hall, Huddersfield; Mr. Reeves, London; Mr. J. P. Pennefather, London; Mr. Foster, Leeds; Dr. Davidson, Dorking; Mr. G. Toussaint, Morden; Mr. Bolton, London; Mr. Ellis, Accrington; Mr. F. H. Smith, London; Mr. Griffin, Bristol; Mr. Harris, London; Mr. E. Turner, Guisborough; Dr. Page, Newcastle-on-Tyne; Dr. Pyle, London; Mr. G. Williams, Abergavenny; Dr. Ryan, Bailieborough; Mr. Collingridge; Mr. Cramp, Bath; Mr. M'Alister, Bridgnorth; Mr. Tufnell, London; Mr. Towell, Bracknell; Dr. Brown, Rochester; Mr. Townsend, London; Mr. Hartry, Hereford; Mr. Pritchard, Retford; Mr. Seeley, Walton; Mr. T. Freeman, Croydon; Dr. Phillips, London; Mr. Walter, Leeds; Mr. Foster, Hull; Mr. Craven, Portsea; Mr. Cater, Manchester; Mr. Berridge, Ely; Mr. R. S. Williams; Mr. Treves, Buxton; Mr. Keymer, Coventry; Mr. Molony, Waterbeach; Dr. Rayner, Woodbury; Mr. Wright, Bangor; Mr. Poole, London; Mr. Wall, Colchester; Mr. Jeffreys, Chesterfield; Mr. L. Dixon, Norwich; Mr. Griffin, Brigg; Mr. Wharton, Darlington; Mr. Robinson, Leith; Mr. Reynolds, St. Austell; Mr. T. Seaton, London; Mr. Dawson, Portsmouth; Mr. Hutton, Foot's Cray; Mr. Hudson, Wimbledon; Mr. Cooper, Bristol; Mr. Eames, Bootle; Mr. Deane, Sidmouth; Mr. Evans, Hertford; Mr. Capp, Dartford; Graduate; Ajax; C. M. D.; Physician; Far North; A. B. R.; H. O.; W. L.; A Father; Amicus; Anti-Jobbery; F. R. C. S.; M. R. C. P.; Alcohol; Veritas; T. M.; Good Templar; &c. &c.

Shrewsbury Chronicle, Manas Herald, Sporting Gazette, Chelmsford Chronicle, Hour, La Tribune Médicale, Western Mail, Saunders's News-Letter, Macclesfield Courier, and *Sunderland Times* have been received.

Medical Diary of the Week.

Monday, March 31.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. MARK'S HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Dr. Farquharson, "On an Epidemic of Roseola or Spurious Measles."—Mr. Broadbent: Cases.—Mr. Bryant: Cases.—Mr. Maunder will show "Cases of Excision."

Tuesday, April 1.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M. Parasitic Sycosis of the Chin: a living subject (Dr. Tilbury Fox).—Discussion on the Anatomical Relations of Pulmonary Phthisis to Tubercle of the Lungs.—Specimens and Drawings of Tubercle will be exhibited by Dr. Moxon, Dr. Caley, Dr. Beale, Dr. Bastian, Dr. Powell, Dr. Payne, Dr. A. Green, Dr. Crisp, &c.—The Microscopical Specimens will be open for inspection for half an hour before the meeting.

Wednesday, April 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
CANCER HOSPITAL.—Operations, 3 P.M.
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Barnes, "On the Convulsive Diseases of Women."
OBSTETRICAL SOCIETY OF LONDON.—7½ P.M. Meeting of Council.—8 P.M. Dr. Tilt, "On the Progress of Pelvic Pathology during the last twenty-five years."—Dr. Wiltshire, "On the common Skin Diseases of Children." And papers by Dr. Bantock and Mr. Roper.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M. Mr. H. Davis, "On a new Callidina, with the result of Experiments on the Rotifers."—Mr. W. K. Parker, "On the Development of the Sturgeon's Facial Arches."

Thursday, April 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. Vernon Harcourt, "On the Chemistry of Coal and its Products."
HUNTERIAN SOCIETY.—8 P.M. Dr. Clapton, "On the Action of Tea and Allied Substances, and on the Effect of Tea-tasting."—Mr. Hovell will exhibit an improved Tracheotome.—Mr. F. Toulmin: A Tumour of the Pericardium Ulcerating into the Aorta.—Mr. Bryant, "On a Case of complete Occlusion of the Rectum."
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. Thomas Morton, "On Cases of Puerperal Septicæmia treated by Elimination."

Friday, April 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 P.M. Dr. Barnes, "On the Convulsive Diseases of Women."

Saturday, April 5.

HOSPITAL FOR WOMEN, Soho-square.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 9 A.M. and 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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